SunCountry
HEALTH REGION

Annual Report
2013-14

Healthy
People
in Healthy
Communities

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Letter of Transmittal

July 11, 2014

The Honourable Dustin Duncan,
Minister of Health

Dear Minister Duncan,

Sun Country Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2013-14 annual report. This report highlights some of the activities and accomplishments of the Region and provides the audited financial statements for the year ended March 31, 2014.

Members of Sun Country Regional Health Authority were pleased to see transformational results from the second year of the new, province-wide strategic planning process. The staff of Sun Country Health Region successfully completed seven of the nine strategic goals (hoshins) on which they focussed in 2013-14. The remaining two will be completed within the next couple of months.

SCRHA sees increased staff understanding of and participation in these projects that move us toward Better Health, Better Care, Better Teams and Better Value for the residents of our Region.

Respectfully submitted,

Marilyn Charlton
Chair
Sun Country Regional Health Authority

Introduction

This annual report presents some of the Sun Country Regional Health Authority's activities and results for the fiscal year ending March 31, 2014. It reports on public commitments made and other key accomplishments of the RHA.

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of southeast Saskatchewan. SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region (SCHR). The Regional Health Authority uses the operating name of Sun Country Health Region.

The vision of this Region is to continue to build a Region of "***Healthy People, Healthy Communities.***" Members of the authority propose to do this by providing a range of effective and comprehensive services. Realizing the Region's vision of ***"Healthy People, Healthy Communities"*** requires a good understanding of the resident's health status and the many factors that influence health. The health status of the Sun Country Health Region is generally positive.

SCHR operates with the highest standard of care, using evidence-based research and guidelines to deliver that care.

Alignment with Strategic Direction

Sun Country Health Region (SCHR) goals align with those of the Saskatchewan health system. All of SCHR's activities and directions mesh with the goals created by the Provincial Health Leadership Team as the means to meet its mandate.

2013-14 Health System Priorities

Five-year Outcomes

By March 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

By March 2017, all people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist, and diagnostics) as defined by the improvement targets.

By March 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure, Asthma).

By March 2017, at risk populations (all age groups) will achieve better health through access to evidence based interventions, services, and/or supports.

By March 2017, no patient will wait for care in the Emergency Department (ED).

By March 2017, as part of multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%.

By March 2017, all IT, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met.

By March 2017, increase staff and physician engagement provincial average scores to 80%.

Enduring Strategies

Better Health Strategy - Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

SCHR Goal

- Develop process to diagnose early to moderate dementia, including staff education on the process and linkage to supports

- Design plan to encourage healthy weights in childhood
- Increase referrals for patients with Transient Ischemic Attack (TIA) to RQHR or ER doctor/neurologist

Better Care Strategy - In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health care safety.

SCHR Goal

- 100 per cent compliance by December 2013 with recommended antibiotics for all surgeries
- 85 per cent of all staff audited for hand hygiene practices are compliant
- decrease back and shoulder injuries by 25 per cent
- decrease medication errors by 50 per cent
- increase near misses by 50 per cent and reduce critical incidents by 50 per cent

Better Value Strategy - Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Better Teams Strategy - Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

SCHR Goal

- Physicians recruited to vacant practices

Five-year Improvement Targets

By March 2017, develop and implement a provincial Safety Alert / Stop the Line System.

By March 2017, there will be zero patients who experience a medication defect.

By March 2017, there will be zero patients who experience a preventable surgical site infection (SSI) from clean surgeries (National Healthcare Safety Network [NHSN] class I, II).

By March 2017, there will be zero workplace injuries.

By March 2014, all patients have the option to receive necessary surgery within three months.

By March 2015, all cancer surgeries or treatments are done within the consensus time frame from the time of suspicion or diagnosis of cancer.

By March 2017, there will be a 50% decrease in wait time for appropriate referral from primary care provider to specialist or diagnostics.

By 2017, there will be a 50% improvement in number of people surveyed who say, "I can see my primary healthcare team on my day of choice either in person, on the phone, or via other technology".

By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, CAD, COPD, Depression, Congestive Heart Failure and Asthma).

By March 2017, reduce by 50% individual readmissions within 30 days (mental health inpatient and acute care units).

By March 2017, reduce the number of patient days of seniors occupying acute care beds awaiting community service supports by 50%.

By March 2017, 100% of cases of specific communicable diseases human immunodeficiency virus (HIV), tuberculosis (TB), and sexually transmitted infections (STI) in high risk populations are managed according to provincial standards.

By March 2015, decrease by 50% the wait times in the ED.

By March 2015, shared services will improve quality while achieving $100 million in accumulated savings.

By March 2014, eHealth and 3sHealth will work in partnership with key stakeholders to develop a strategy to integrate Information Technology (IT)/Information Management (IM) services throughout the health system.

By March 2017, all key infrastructure (IT, capital, facility renewal) will be coordinated, integrated and delivered on a provincial basis.

By March 2017, more than 1,000 focused Lean training and Kaizen events involving staff, physicians and patients will be undertaken in multiple areas of the health system.

By March 2017, 100% of staff and physicians are continuously improving care and service through visual daily management.

2013-14 Hoshins

1. By March 2014, improve access and connectivity in Primary Health Care innovation sites and use early learning to build foundational components for spread across the province.
2. Transform the patient experience through sooner, safer, smarter Surgical Care.
3. Safety Culture: Focus on Patient and Staff Safety.

Long Term Care Wing Opens

Photo Courtesy of Discover Weyburn

The grand opening of the new long term care wing at Redvers Health Centre on October 10 drew several hundred members of the public as well as officials from the Saskatchewan Ministry of Health, Sun Country Health Region, and local municipalities. Ribbon-cutting for the facility took place on the spacious front deck of the new wing. From left to right, back row, are Alan Arthur and Bob Friesen, Vice President Stantec. From left to right, front row, Lawrence Matthewson, resident; Marie Belisle, resident; Randy Weekes, Minister Responsible for Rural and Remote Health; Dan D'Autremont, Speaker of the Legislature and Cannington MLA; Marilyn Charlton, Chair, Sun Country Regional Health Authority. Not shown in the picture are Travis Penner, President, Penner Construction; Marga Cugnet, CEO, Sun Country Health Region, and Mike Garnier, Chair Redvers and District Community Health Foundation.

Doctors in Sun Country Health Region participate in the training of Saskatchewan medical students both to support future doctors and to help with recruitment of doctors to the Region. Here, medical student Danielle Stryanko, left, meets with Dr. Catherina Meyer in the Carlyle Primary Health Clinic, where Danielle worked during June, 2013. Danielle is one of several students who participated in the saskdocs Rural Externship Program here.

Sun Country Health Region held flu clinics and took appointments with the public health nurses from October 2013 into the spring of 2014 to ensure people of all ages had access to influenza immunization. To mid-Febru-ary, over 37 per cent of children under nine years of age were protected against influenza and 51 per cent of adults aged 65 years and older were protected.

SCHR has a stated Vision for the system, a Mission and a set of Goals that guide its work:

Vision

Healthy People, Healthy Communities

Mission

Sun Country Regional Health Authority works together with individuals and communities in partnership to achieve the best possible care, experience and health.

Statement of Values

- **We value mutual RESPECT, HONESTY AND TRUST.**
- **We value OPENNESS with our community to create INFORMED DECISION-MAKING.**
- **We value SOCIAL and ETHICAL RESPONSIBILITY and ACCOUNTABILITY.**
- **We value PRIVACY, CONFIDENTIALITY and COMPASSIONATE CARE.**
- **We value a sense of OWNERSHIP among the individuals and communities associated with the mission of Sun Country Regional Health Authority.**
- **We value our STAFF, PHYSICIANS and VOLUNTEERS as our MOST VALUABLE RESOURCE.**
- **We value the pursuit of SAFETY, QUALITY and EXCELLENCE in health care.**

RHA Overview

Sun Country Health Region (SCHR) covers the southeast portion of Saskatchewan, Canada from the Manitoba border to the U.S. border, encompassing serene prairie and park land. The Region covers 33,239 square kilometres.

Overview of Facilities and Programs

SCHR operates 28 facilities and 40 community-based health programs for the 56,529 people in this Region, with 2,400 staff members.

Long Term Care Centres

Estevan Regional Nursing Home
Moose Mountain Lodge (Carlyle)
New Hope Pioneer Lodge (Stoughton)
Sunset Haven (Carnduff)
Tatagwa View (Weyburn)
Weyburn Special Care Home
Willowdale Lodge (Kipling)

Community Health Services

Carlyle Community Health
Weyburn Community Health
Kipling Community Health

EMS Stations

Bengough
Carlyle
Carnduff
Coronach
Estevan
Fillmore
Kipling
Lampman
Maryfield
Oxbow
Pangman
Radville
Redvers
Stoughton
Wawota
Weyburn

Health Centres

with Long-term Care facilities
Bengough Health Centre
Coronach & District Health Centre
Fillmore Health Centre
Gainsborough Health Centre
Galloway Health Centre (Oxbow)
Lampman Health Centre
Mainprize Manor & Health Centre (Midale)
Radville Marian Health Centre
Wawota Memorial Health Centre

Community Health Centres

Maryfield Health Centre
Pangman Health Centre

District Hospitals

St. Joseph's Hospital of Estevan
Weyburn General Hospital

Community Hospitals

Arcola Health Centre
Kipling Health Centre
Redvers Health Centre

Inpatient Mental Health Unit

Tatagwa View

Programs and Services

SCHR provides a complex array of community programs and services including:

Acquired Brain Injury Programs
Acute Care
Addiction Services
Adult Community Mental Health Services
Alternatives to Violence Programs
Asthma
Audiology Program
Autism Program
Child and Youth Mental Health Services
Communicable Disease Control
Community Dietitian Programs
COPD (chronic obstructive pulmonary disease) Program
COPS (Community Oncology Program of Saskatchewan)
Dental Health Program
Diabetes Program
Home Care
Immunization Programs
Infection Control
Injury Prevention Program
Inpatient Mental Health
Long Term Care
Lymphedema Program
Meals on Wheels
Mental Health Home Care
Mental Health Rehabilitation Services
Mental Health Therapies Program
Nutrition Program
Palliative Care Program
Parent Program
Physiotherapy and Occupational Therapy
Podiatry
Population Health
Primary Health Care services
Psychiatry
Public Health Inspection
Public Health Nursing
Respite Services
Renal Program/Dialysis, CRI
Speech Language Pathology (Child/Adult)
Volunteer Program
Wellness Clinics
Wound Care

Health Care Organization Relationships

SCHR funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for regional residents and community based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCHR provides operating funding to the following Health Care Organizations, in accordance with budget amounts approved annually:

- **SMILE Services in Estevan** (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
- **Weyburn Group Home Society** - encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
- **Canadian Mental Health Association** - Community Resource Centre in Weyburn and prevocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
- **Fillmore Ambulance Services**

SCHR has a close working relationship and operating agreements with the following three affiliate organizations:

- **St. Joseph's Hospital in Estevan** - 53 acute care beds, 34 long term care beds and four beds for convalescent, respite and palliative care.
- **Radville Marian Health Centre in Radville** - 49 long term care beds, three beds for convalescent, respite, palliative care, observation and assessment.
- **Sunset Haven in Carnduff** - 39 long term care beds, one bed for convalescent, respite and palliative care.

Governance

The role of Sun Country Regional Health Authority (SCRHA) is to govern the organization to fulfill the Mission and Vision of the organization.

The Regional Health Authority is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes. Collectively, the job of SCRHA, which cannot be delegated, is to:

- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
- Provide SCRHA highlights to the public following regularly scheduled meetings.
- Hold open RHA meetings for public attendance.

SCRHA will:

- Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or program means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address: the desired results; the boundaries of prudence and ethics; SCRHA roles and responsibilities and the RHA-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence.
- Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective implementation of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the RHA's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

Sun Country Regional Health Authority

Sun Country Regional Health Authority (SCRHA) consists of up to 10 individuals from various communities within SCHR who are appointed by the provincial government. The following members were appointed/reappointed in May 2012: Marilyn Charlton, Chair; Lori Carr, Vice Chair; Alan Arthur; Sharon Bauche; Robert Brickley; Derrell Rodine; Gary St. Onge; Karen Stephenson; Audrey Trombley.

Committee Structure

The committees of the RHA exist to assist in decision-making to carry out their responsibilities. The RHA has three standing committees: the Committee of the Whole, the Governance and Human Resources Committee, and the Finance and Audit Committee. The Finance and Audit Committee oversees the management of all funds, in accordance with Saskatchewan government guidelines and Generally Accepted Accounting Principles and auditing procedures, and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The President/CEO or designate provides administrative support to facilitate the work of the Committees. Minutes of the meeting are distributed to all members of the RHA. Minutes of the committee meetings are maintained with RHA minutes. The committees report to the RHA by submitting minutes for approval.

Public Transparency

Maintaining public transparency is a priority. Significant achievements include:

- Community Leadership Network, made up of the SCRHA and community leaders such as elected municipal officials, to meet twice each year, initiated in the spring of 2012.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the organization and services offered.
- Access to the annual report, online and in hard copy.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Regular meetings of the Regional Health Authority (RHA) are open to the public.

What We Do

A key role of SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. SCRHA ensures the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to meet expectations in the Strategic Plan.

Standards of Conduct, Ethics and Values

- SCHR operates within high standards of care, ethics and values. This high standard requires a continuous evaluation of programs and operations: SCHR employs staff members who follow regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration requirements with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Accreditation Canada process for health services organizations by comparing ourselves to nationally accepted standards.
- SCHR's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCHR's management philosophy promotes collaborative decision-making and cooperation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Health Advisory Networks

SCHR has established working relationships with community-based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Network to accomplish the activities envisioned for the Health Advisory Networks.

SCHR has built relationships with such organizations as the following:

- **Bengough Health Advisory Committee**
- **Borderline Housing Company (1975) Inc.**
- **Coronach Health Advisory Committee**
- **Coronach Health Foundation**
- **The Radville and District Health Centre Foundation**
- **Fillmore Community Health Advisory Committee**
- **Golden Years Suites**
- **Kipling District Health Foundation**
- **Lampman Community Health Centre Trust Committee**
- **Mainprize Manor & Health Centre Trust Committee**
- **Maryfield Community Non-Profit Corporation**
- **Moose Mountain Lodge Foundation**
- **Pangman Health Advisory Committee**
- **Radville Marian Health Centre Board of Directors**
- **Redvers & District Community Health Foundation Inc.**
- **St. Joseph's Hospital Foundation**
- **St. Joseph's Hospital in Estevan Board of Directors**
- **Wawota Health Care Foundation Inc.**
- **Weyburn and District Hospital Foundation Inc.**
- **Hearthstone Community Campaign Committee, Estevan**
- **Community Leadership Network (4 sessions).**
- **Fillmore Health Centre Trust Committee**
- **Gainsborough & Area Health Centre Trust Committee**
- **Galloway Trust Committee**

Demographics

Demographic indicators are factors that influence both the health status of residents and impact service delivery in the SCHR.

Size of population

A population's size and age-sex composition may affect the health status of a region and its need for health services. Population data also provides the denominators used to calculate rates for most health and social indicators (CIHI, Health Indicators 2013). There are 58,644 individuals residing in the SCHR (2013 Saskatchewan Covered Population) and they represent 5.2 per cent of the total provincial population. The SCHR and Saskatchewan population have both increased by 8.3 per cent from 2009 (see Table 1).

Table 1: SCHR and Saskatchewan Total Population Comparison, 2009-2013
Source: Saskatchewan Ministry of Health Covered Population 2013

Covered Population	2009	2010	2011	2012	2013	Change (2012 to 2013)	% Change (2012 to 2013)
Saskatchewan	1,036,284	1,070,477	1,084,127	1,090,950	1,122,537	31,587	3%
SCHR	54,138	55,144	56,529	56,890	58,644	1,754	3%

Older and Aging Population

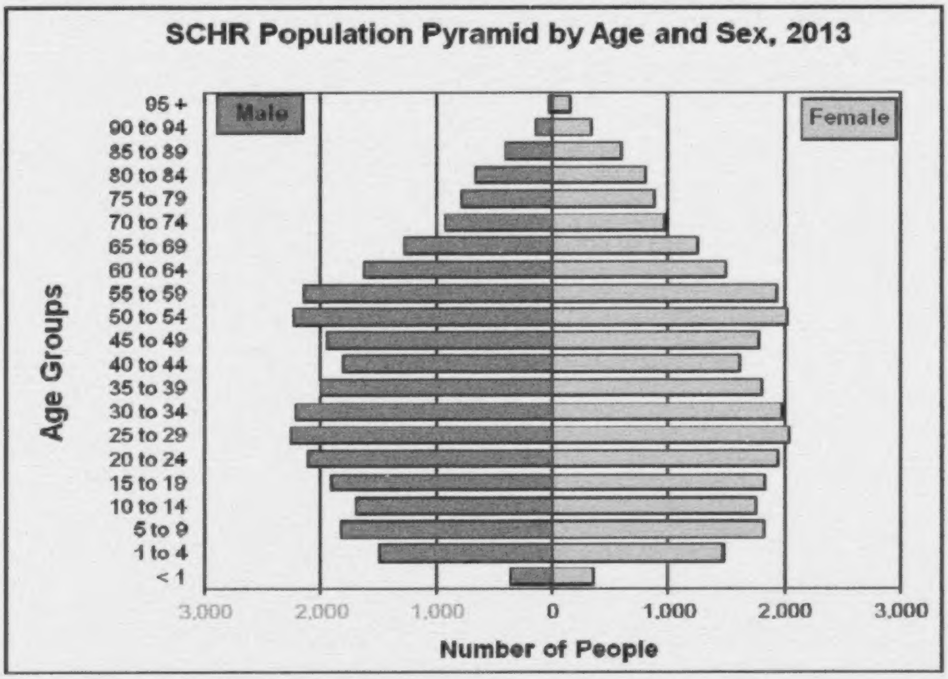
In 2013, 41.6 per cent and 40.1 per cent of the SCHR and Saskatchewan population respectively, were 45 years of age and over, compared to 42.5 per cent (SCHR) and 40.6 per cent (SK) for 2012 (see Figure 1).

- Since 2009, the 45 to 64 year age group population has been higher than the 25 to 44 age group population. In 2013, the trend is reversed; the 25 to 44 age group population (27 per cent) is more than the 45 to 64 age group population (26 per cent).
- The elderly population (aged 65 and older) increased by 34 people (0.4 per cent) in 2013 from 2012 (see Table 2).
- Sixteen per cent (9,216) of the SCHR population is over the age of 65.

Key Facts:

- **The population of SCHR increased by 8.3 per cent between 2009 and 2013. The provincial population increased by the same percentage over the same time period.**
- **The 2013 SCHR population is higher than the peak population of 58,635 in 1999.**
- **Males make up 51 per cent of the Region's population.**

Figure 1: SCHR Population Pyramid, 2013
Source: Saskatchewan Ministry of Health Covered Population 2013



The 2013 population in the 45 to 54 age group declined to 7,976 from 8,042 in 2012, and has experienced a consistent decline in the last four years. According to projected population reports, it is expected to decline further by 2015 but then begins to increase again in the next decade.

Table 2: SCHR and Saskatchewan Elderly Population Comparison, 2009-2012
Source: Saskatchewan Ministry of Health Covered Population 2013

Elderly Population 65 Years of Age and Older	2009	2010	2011	2012	2013	Change (2011 and 2012)	Percent Change (2011 and 2012)
Saskatchewan	150,276	152,385	156,996	157,239	160,687	3,448	2.2
SCHR	9,175	9,148	9,185	9,182	9,216	34	0.4

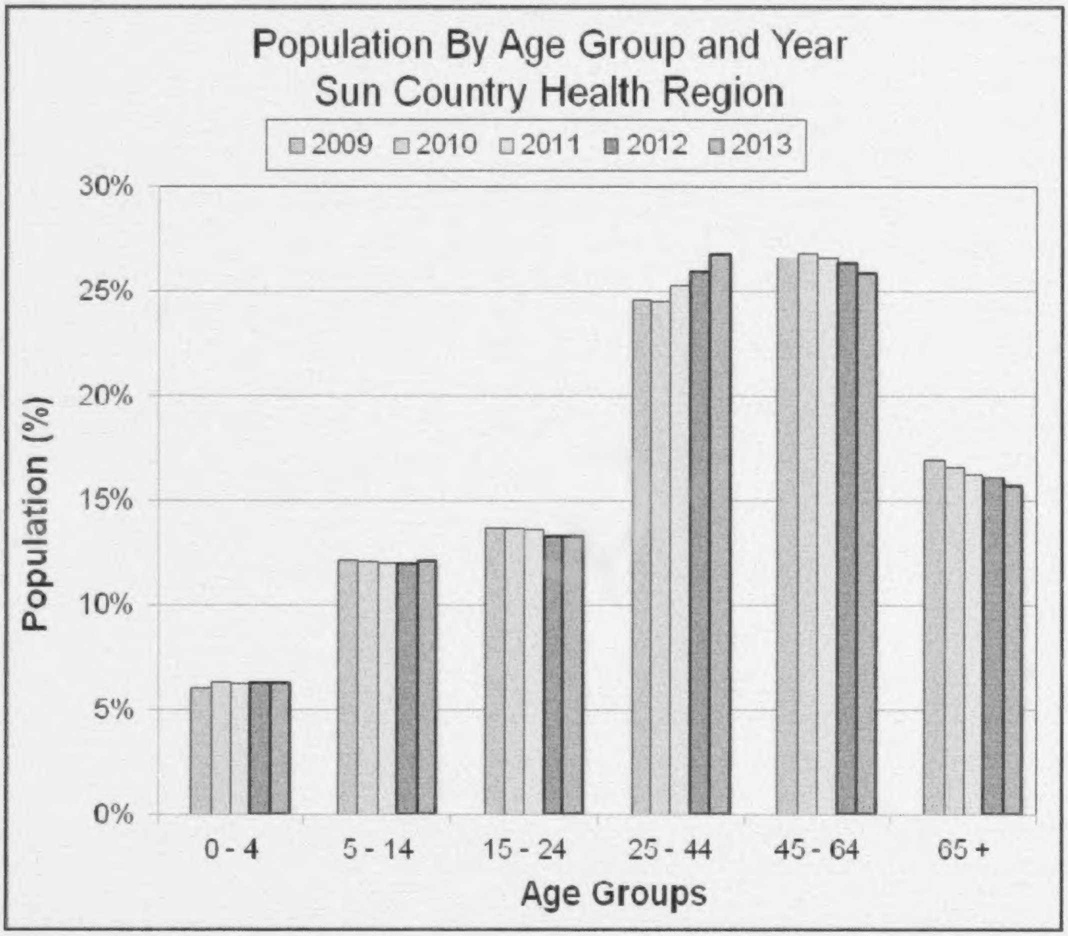
Youth population

The proportion of the population in the 5-14 year age group increased to 7,096 in 2013 from 6,818 and 6,783 in 2012 and 2011 respectively. The proportion of the 15-24 year age group population increased to 7,788 in 2013 from 7,576 in 2012. This age group represents 13.3 per cent of the total SCHR population.

Key Facts:

- **18.4 per cent of SCHR's population is less than 15 years of age.**
- **19 per cent of Saskatchewan's population is less than 15 years of age.**

Figure 2: SCHR Population by Age Group and Year, 2009 to 2013
Source: Saskatchewan Ministry of Health Covered Population 2013



Widely dispersed population

Travel for health services (particularly for specialized services but also for primary care services) in SCHR is often required within the widely dispersed Region. The travel time has generally improved due to the improved use of telehealth services across the Region.

Primarily rural with two small urban centres (Weyburn and Estevan)

Forty-two per cent of SCHR residents live in the two cities. The remaining 58 per cent live in rural areas such as towns, villages, and on farms. (see Figure 3 and Table 3). There are 42 rural municipalities in the Region, 36 villages and 17 towns. The town with the most population is Carlyle (2,010) and the town with the least population is Alameda (505). The towns are mostly towards the eastern part of the Region.

Key Fact:

- **58 per cent of the population lives in rural locations**

Figure 3: SCHR Population Distributions by Residence Type, 2013
Source: Saskatchewan Ministry of Health Covered Population 2013

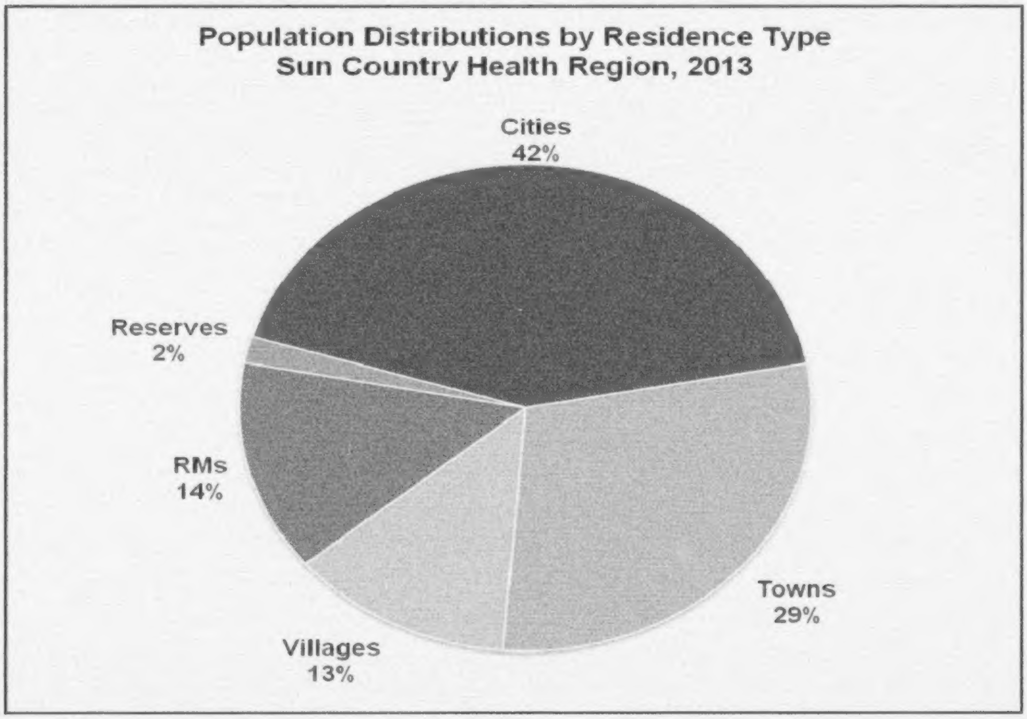


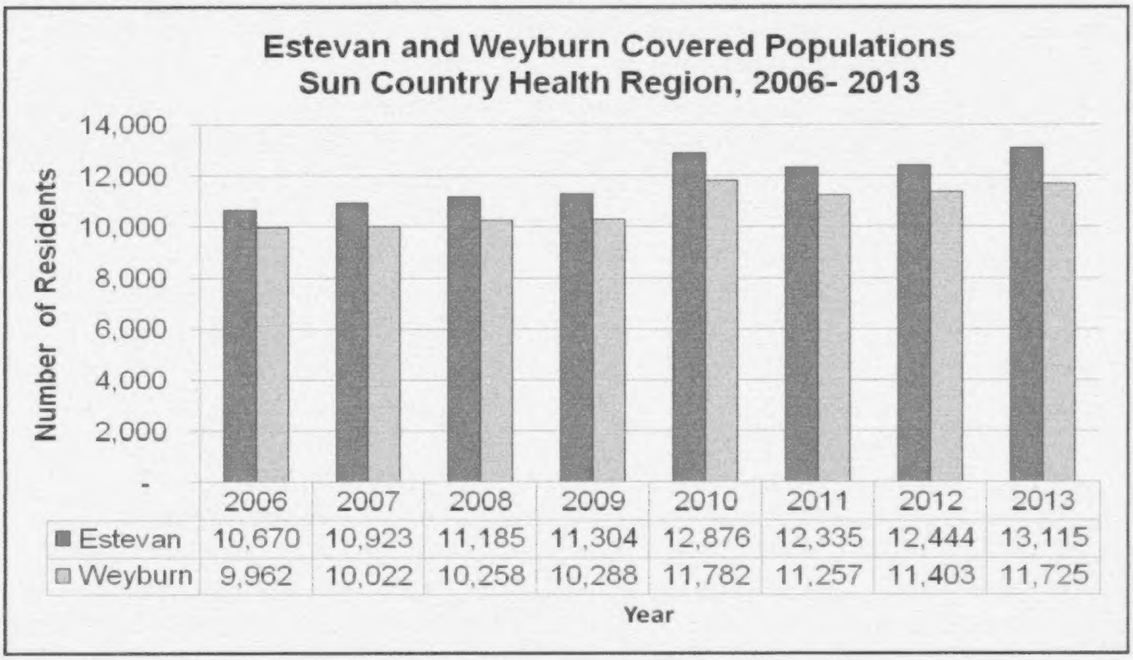
Table 3: SCHR and Saskatchewan Population Comparison, 2012 and 2013
Source: Saskatchewan Ministry of Health Covered Population 2013

Covered Population	2012		2013	
	Saskatchewan (%)	SCHR (%)	Saskatchewan (%)	SCHR (%)
Cities	59%	42%	59%	42%
Towns	18%	29%	18%	29%
Villages	9%	13%	8%	13%
RMs	8%	14%	8%	14%
Reserves	6%	2%	6%	2%
Total	100%	100%	100%	100%

The 2013 City of Weyburn population is 11,725 and the City of Estevan population is 13,115.

- The population of Estevan has increased by 2,445 since 2006 and the population of Weyburn has increased by 1,763 in the same time period.
- In the last eight years, both cities had their peak population in 2010.

Figure 4: SCHR City Population Comparison, 2006-2013
Source: Saskatchewan Ministry of Health Covered Population 2013



	2006	2007	2008	2009	2010	2011	2012	2013
■ Estevan	10,670	10,923	11,185	11,304	12,876	12,335	12,444	13,115
□ Weyburn	9,962	10,022	10,258	10,288	11,782	11,257	11,403	11,725

Three First Nations Communities in SCHR

There are three First Nations communities in SCHR – White Bear First Nation (698), Ocean Man First Nation (175), and Pheasant Rump Nakota First Nation (149). The total population residing in these three communities in 2013 is 1,022, lower than the resident population in 2012 (1,055).

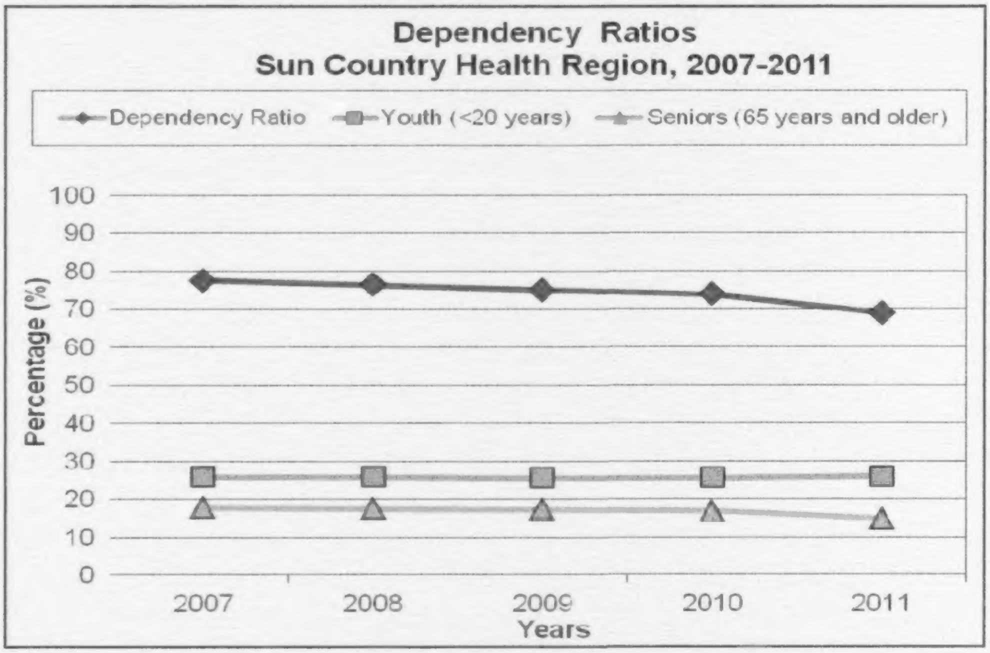
Key Facts:

- **The over-all population of Registered Indians in SCHR (on- and off-reserve) is 1,394 for 2013 and 1,447 for 2012.**
- **Registered Indians comprise 2.4 per cent of SCHR population compared to 10.1 per cent of the Saskatchewan population.**

Decreasing dependency ratio

The Dependency Ratio is used to indicate the capacity of the working age population to support the more vulnerable populations (those less than 20 years of age and the elderly). Areas with high dependency ratios tend to be economically stressed as there are more people dependent relative to those people earning a wage.

Figure 5: SCHR Dependency Ratios, 2007-2011
Source: Statistics Canada, Demography Division, 2011



The dependency ratios for SCHR declined from 78.6 per cent in 2006 to 68.9 per cent in 2011. The dependency ratios for Saskatchewan during the same time period declined from 72.4 per cent to 65.8 per cent.

As shown in Figure 5, the decline indicates there is likely an improved capacity for the working age population to support the other members of the Region economically. At present, informal social support networks are vital and abundant in the Region but it may be increasingly difficult for those remaining in sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support, and other support.

Key Fact:

- **For 2011, the dependency ratio for SCHR and Saskatchewan were 68.9 per cent and 65.8 per cent respectively. Both ratios are higher than the Canadian ratio (57.4 per cent).**

Health Status of Sun Country Health Region Residents

Generally, the health status of SCHR is positive. The SCHR and Saskatchewan health status indicators are similar.

Selected Health Status Indicators

Chronic Diseases

Cardiovascular Disease (CVD)

Risk factors for cardiovascular and cerebrovascular disease include unhealthy diet, physical inactivity, and tobacco use. Behavioral risk factors are believed to be responsible for about 80 per cent of coronary heart disease and cerebrovascular disease.(2) The social determinants of health also have an impact on CVD.

The hospitalized acute myocardial infarction (AMI) event rate for 2011/2012 in SCHR was 220 compared to 200 for Saskatchewan and 205 for Canada per 100,000 populations. In 2010/2011, SCHR, Saskatchewan and Canada rates were 158,and 209 per 100,000 populations respectively.

(2) Global status report on non-communicable diseases 2010. Geneva, World Health Organization, 2011.

In 2011/2012, the hospitalized stroke event rate in SCHR, Saskatchewan and Canada was 123, 126 and 121 per 100,000 populations respectively. In 2010/2011, SCHR was 112, compared to 128 for Saskatchewan and 124 for Canada per 100,000 (see Figure 6).

Figure 6: Hospitalized AMI and Stroke Events for SCHR, SK and Canada
Source: CIHI (DAD) 2011-12

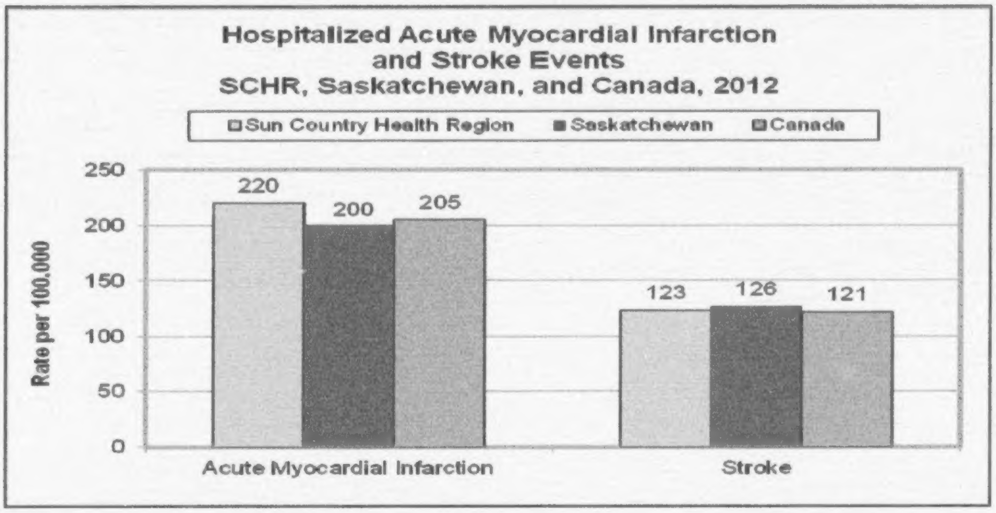


Figure 7: Hospitalized AMI and Stroke Events for SCHR, SK and Canada 2011
Source: CIHI (DAD) 2010-11

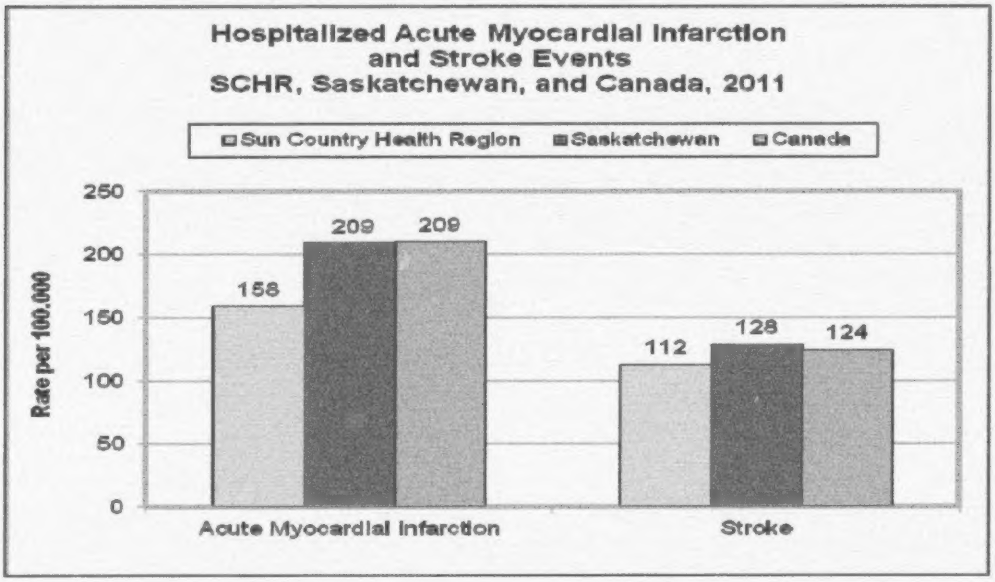
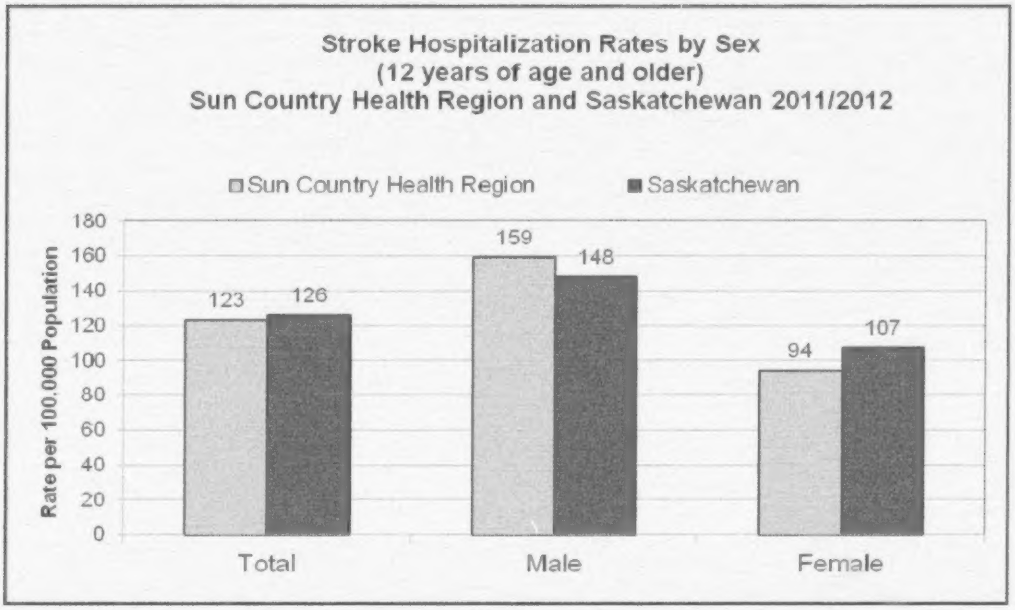


Figure 8: Stroke Hospitalizations by Sex, SCHR and Saskatchewan 2011/2012
Source: CIHI, April 1, 2011 to March 31, 2012.



Diabetes

In 2011/2012, 5.5 per cent of SCHR residents were diagnosed with diabetes, lower than the provincial rate of 6.2 per cent and the national rate of 6.3 per cent (see Figure 9).

- In 2010, 4.5 per cent of SCHR residents were diagnosed with diabetes; lower than the provincial rate of 6.4 per cent.

Asthma

In 2011/2012, 7.1 per cent of SCHR residents reported they have been diagnosed as having asthma. Saskatchewan (9.2 per cent) and Canada (8.3 per cent) asthma rates were higher than SCHR rates (see Figure 9).

- Asthma rates in SCHR have experienced a steady decline from 9.1 per cent in 2008 to 8.8 per cent in 2010 and 7.1 per cent in 2012.
- The province reported that 8.6 per cent and 9 per cent of the Saskatchewan population in 2010 and 2009 respectively were diagnosed with asthma.
- In Canada, there was an increase from 8.1 per cent in 2009 to 8.3 per cent in 2010 and 2012.

Arthritis

Rates of arthritis for SCHR and Saskatchewan in 2011/2012 were 19.4 per cent and 18.4 per cent respectively. In 2010, SCHR and Saskatchewan rates were 16.8 per cent and 18.8 per cent respectively.

- The 2009 rates were 17.8 per cent and 18.1 per cent for the Region and province respectively.

Figure 9: Selected Chronic Disease Conditions for SCHR, Saskatchewan and Canada 2011/2012

Source: Statistics Canada 2012 Health Profile

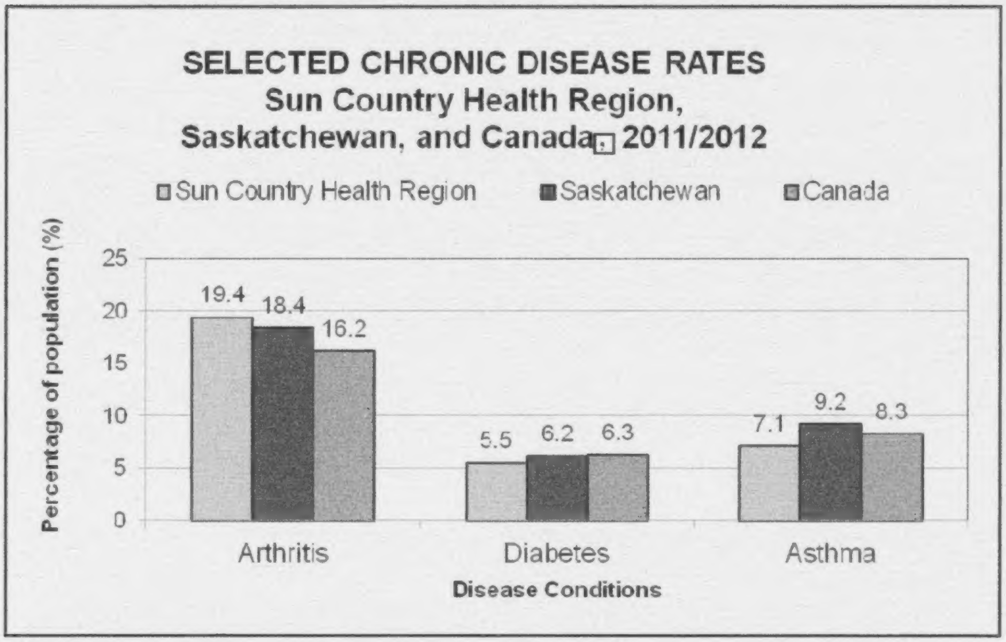
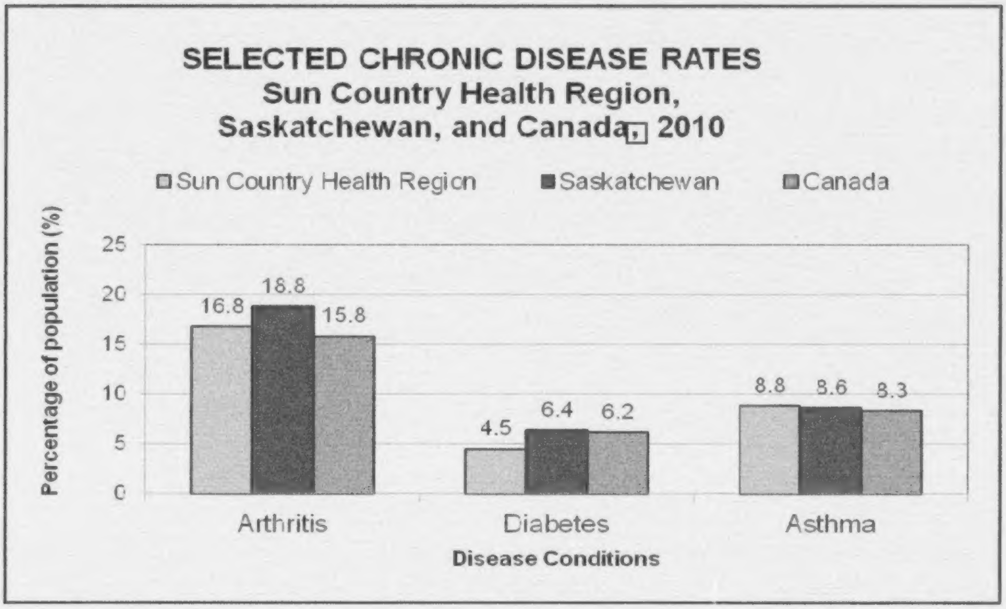


Figure 10: Selected Chronic Disease Conditions for SCHR, Saskatchewan and Canada 2010

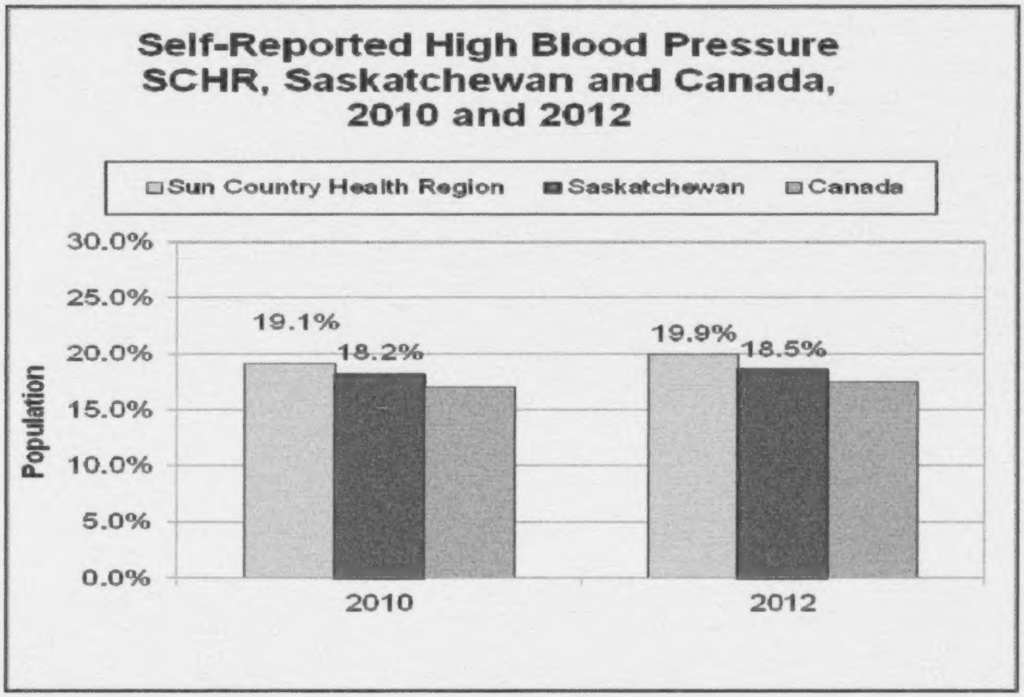
Source: Statistics Canada 2012 Health Profile



High Blood Pressure

In 2011/2012, 19.9 per cent SCHR residents self reported high blood pressure compared to 19.1 per cent in 2009/2010. The Saskatchewan and national rates for 2001/2012 are 18.5 per cent and 17.5 per cent respectively (Statistics Canada 2011/2012).

Figure 11: Self-Reported High Blood Pressure for SCHR, Saskatchewan & Canada, 2010 and 2012
Source: Statistics Canada, 2012.

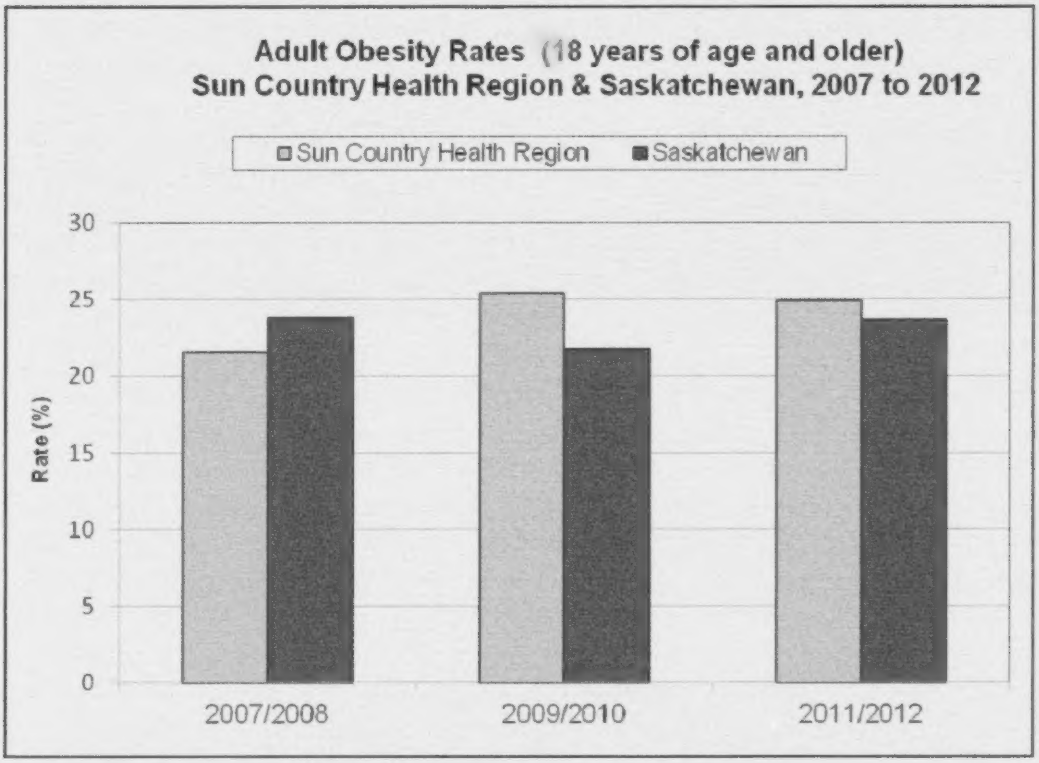


Percentage of Population who are Overweight or Obese

Body mass index (BMI) is a method of classifying body weight that can be used for health risk assessment.

- In SCHR, in 2012, the percentage of adult population identified as overweight (BMI = 25 to 29.99) was 44 per cent. This is a 12.8 per cent increase from the 2009 rate of 31.2 per cent.
- The 2012 Saskatchewan rate is 35.8 per cent, lower than the 2010 rate of 37 per cent and 2009 rate of 36.3 per cent.
- There has been a steady decrease in the proportion of SCHR adults reporting obesity (BMI = 30 to 34.99) from 26.1 per cent in 2009 to 25.4 per cent in 2010 to 24.9 per cent in 2012.
- The Canadian overweight rates are 34 per cent, 33.9 per cent and 33.7 per cent for 2012, 2010 and 2009 respectively, while the obesity rates are 18.3 per cent, 18 per cent and 17.9 per cent for the same time period (Statistics Canada, 2011/2012 Canadian Community Health survey [CCHS]).

Figure 12: Adult Obesity Rates (BMI = 30 to 34.99) for SCHR and Saskatchewan, 2007 to 2012
Source: Statistics Canada, CANSIM table no: 105-0502



Ambulatory Care Sensitive Conditions

Ambulatory care sensitive conditions are considered to be an indirect measure of access to appropriate primary health care.(3) The 2011/2012 acute care hospitalization rate for ambulatory care sensitive conditions for SCHR was 488 acute care hospitalizations per 100,000. This is a decrease from the 2010/2011 rate of 520 per 100,000 and the 2009/2010 rate of 641 per 100,000.

- The 2011/2012 SCHR rate is higher than the rates for Saskatchewan and Canada, 454 and 290 hospitalizations per 100,000 respectively (Canadian Institute for Health Information, Discharge Abstract Database [CIHI, DAD] 2011-2012).
- The 2010/2011 SCHR rate was higher than the rates for Saskatchewan and Canada, 478 and 299 hospitalizations per 100,000 respectively (CIHI, DAD 2010-2011).

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(3) While not all admissions for these conditions are avoidable, appropriate ambulatory care could potentially prevent the onset of this type of illness or condition, control an acute episodic illness or condition or manage a chronic disease or condition. This indicator is the age-standardized rate per 100,000

Figure 13: Ambulatory Care Sensitive Conditions, SCHR, Saskatchewan and Canada, 2011-2012
Source: CIHI, Health Indicators, 2011-2012

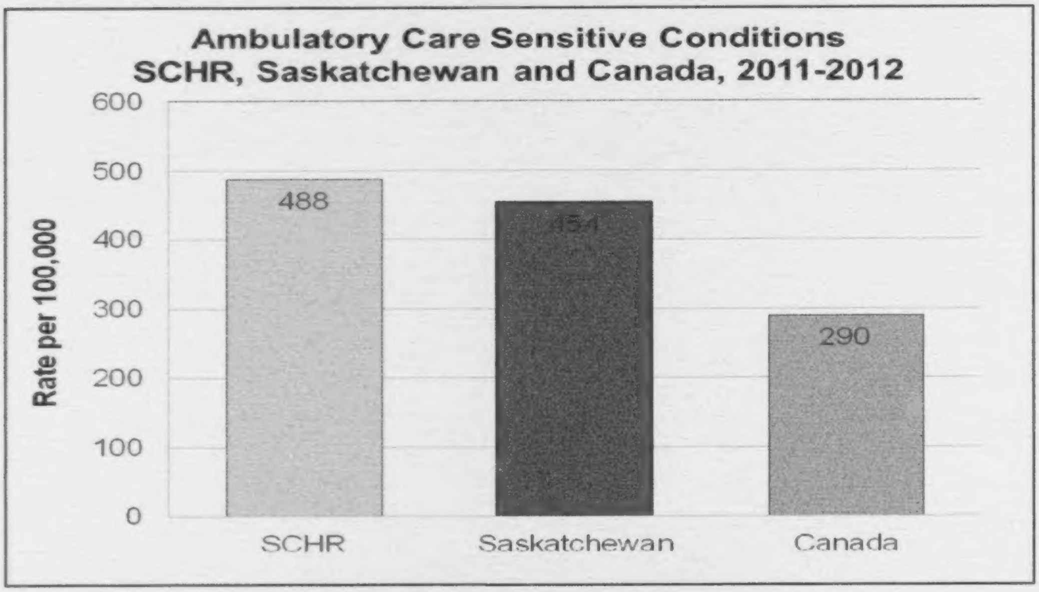
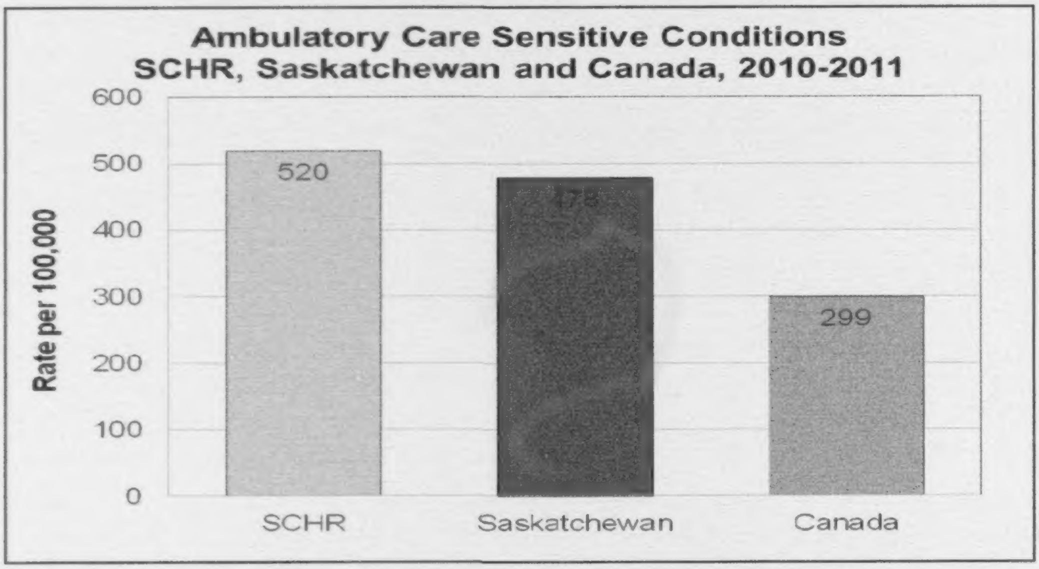


Figure 14: Ambulatory Care Sensitive Conditions, SCHR, Saskatchewan and Canada, 2010-2011
Source: CIHI, Health Indicators, 2010-2011

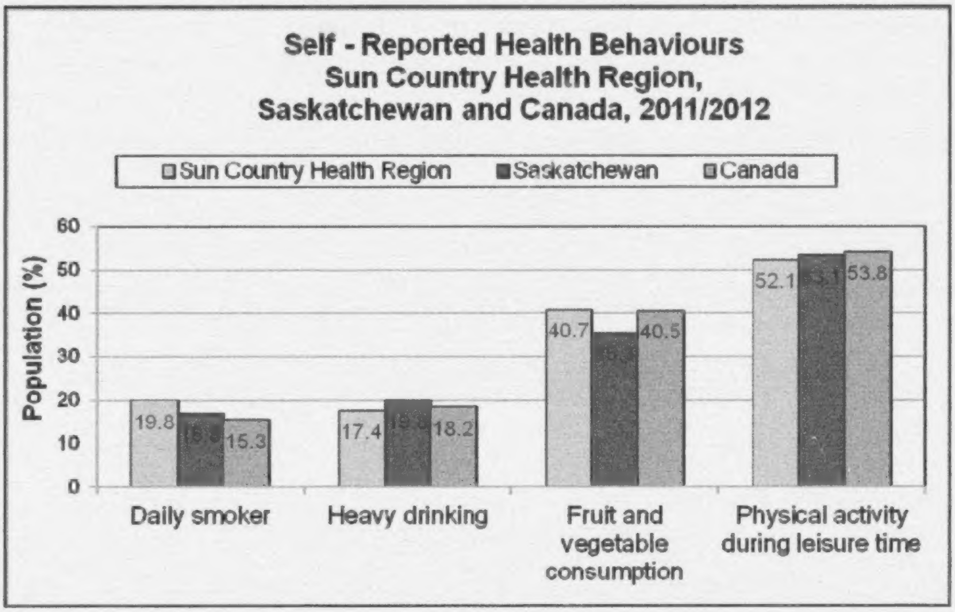


Self-reported Health Behaviours

Smoking

19.8 per cent of SCHR residents were current daily smokers for the year 2011/2012. This is a 4.5 per cent decrease from 2010. The provincial and national rates are 16.8 per cent and 15.3 per cent respectively for 2011//2012 and 17.9 per cent and 15.6 per cent, respectively, for 2010.

Figure 15: Self–reported Health Behaviours in SCHR, Saskatchewan & Canada, 2011/2012
Source: Statistics Canada, 2012



Heavy Drinking

In 2011/2012, 17.4 per cent of SCHR residents were heavy drinkers; a decrease from the 2010 rate of 22.3 per cent. This is also lower than the Saskatchewan and Canadian rates of 19.8 per cent and 18.2 per cent. The 2010 rates were 18.8 per cent and 17.3 per cent respectively.

Fruit and vegetable consumption

40.7 per cent of the SCHR population consumes fruit and vegetables five times or more every day (2011/2012 CCHS). This is higher than the Saskatchewan rate (35.3 per cent). The SCHR and Saskatchewan rate in 2010 was 40 per cent and 38.5 per cent respectively. The 2011/2012 national rate is 40.5 per cent.

Physical activity during leisure time

In SCHR, more residents (52.1 per cent) engaged in moderately active or active physical activity during leisure time in 2011/2012 than in 2010, where the rate was 49.6 per cent. 53.1 per cent in Saskatchewan and 53.8 per cent in Canada (2011/2012 CCHS).

Home Care

Residents who utilize Home Care service have varying degrees of short and long-term illness or disability and support needs. Home Care service includes assessment, case management and care coordination, nursing, homemaking (personal care, respite and home management) and meal service. In SCHR, a total of 3,291 clients received home care in 2011/2012 compared to 3,066 clients in 2010/2011; a 16 per cent increase from the total number of clients in 2009/2010 (2,643).

- The majority of home care clients are in the 80-89 year age group at 34 per cent (1,110) in 2011/2012 and 37 per cent (1,130) in 2010/2011.
- The lowest proportion of home care clients are in the 0-19 age group at 1.5 per cent (51) and 1.3 per cent (39) in 2011/2012 and 2010/2011 respectively.

Figure 16: SCHR Age Distribution of Home Care Clients, 2011-2012
Source: Community profile, Page 165 Saskatchewan

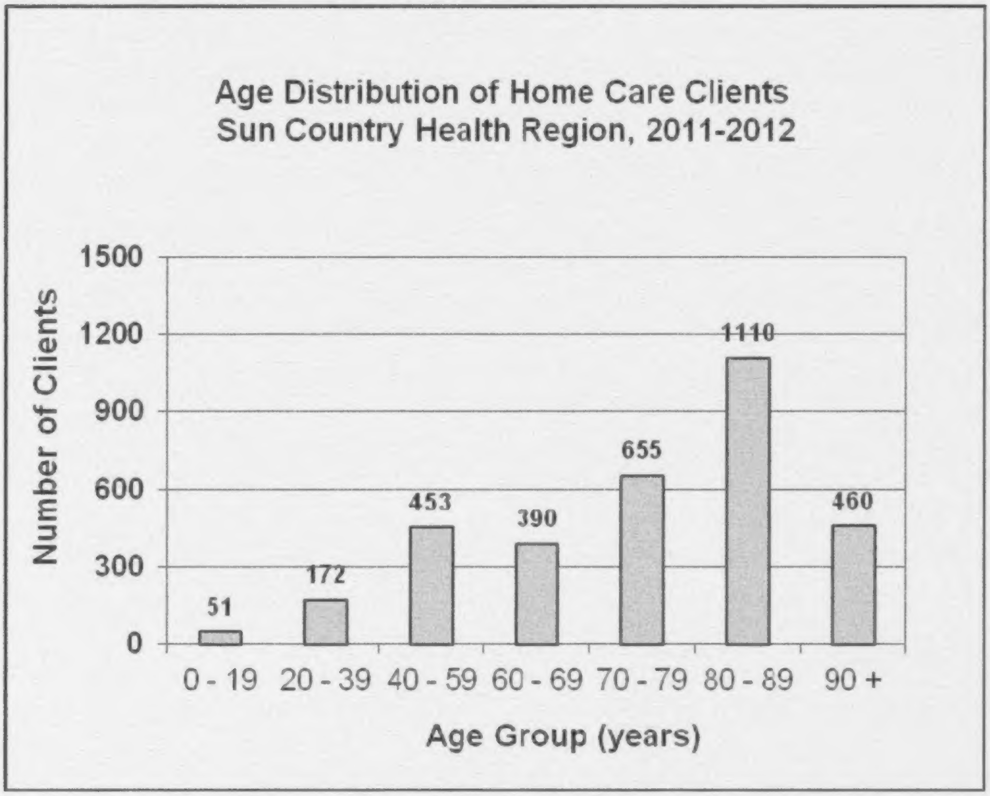
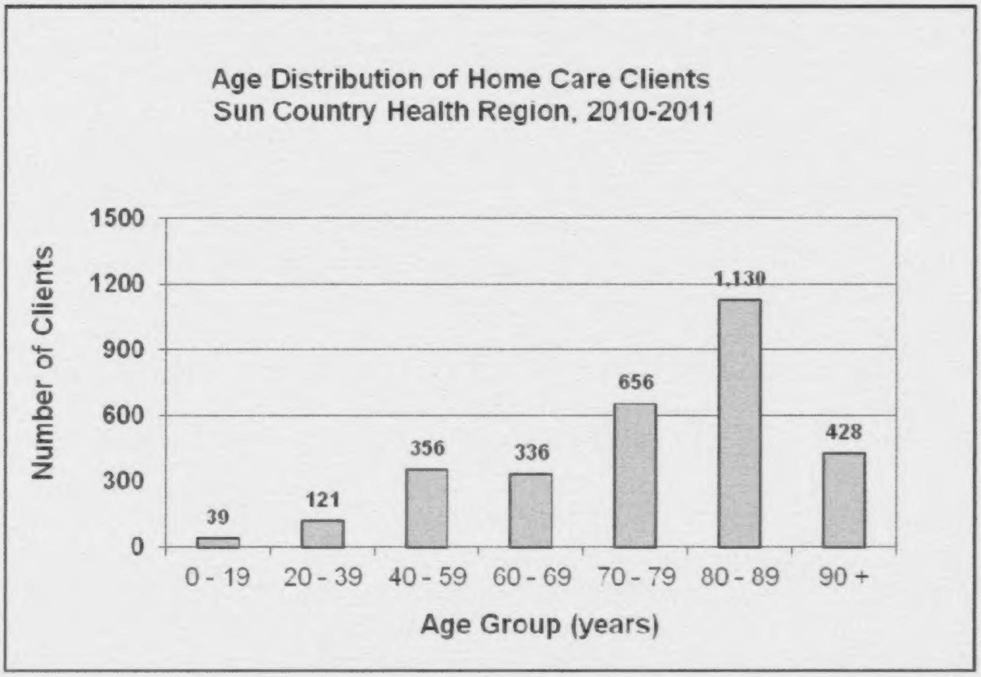


Figure 17: SCHR Age Distribution of Home Care Clients, 2010-2011
Source: eHealth, Saskatchewan



A unit of service is one meal or one hour of service in a client's home. Units of service have been rounded to the nearest whole number. For SCHR and Saskatchewan, the highest number of home care services was provided to the 80-89 year old group, while the lowest number of services was provided to the 0-19 year old group.

Table 4: Home Care Units of Service by Age Group, 2011-12
Source: Saskatchewan Health Home Care System

	0-19	20-39	40-59	60-69	70-79	80-89	90+	Total
SCHR	336	3,154	11,611	9,509	19,625	51,322	27,954	123,512
Provincial Totals	68,465	86,413	186,724	159,412	257,532	592,103	340,125	1,692,333

Table 5: Home Care Clients and Units of Service, 2011-12
Source: Saskatchewan Health Home Care System

Population	Age 75+	Home Care Clients
SCHR	4,977	3,291
Provincial Totals	78,670	34,005

CHESS means Changes in Health, End-stage Disease and Signs and Symptoms (CHESS) Scale. It is very effective in detecting frailty and health instability and was designed to identify clients at risk of serious decline. The higher scores indicate higher levels of medical complexity.

Table 6: CHESS by Number of Clients, 2011-12
Source: RAI-Home Care Clinical Reports

		CHESS Scale					
	No. of clients	0	1	2	3	4	5
SCHR	1,122	343	310	254	138	73	4
Provincial Average	13,329	3678	3803	3238	1760	784	66

The pain scale is both a long term care and Home Care assessment tool. The higher the score indicates a more severe pain experience. A value of three indicates that the client is experiencing daily pain and, at times, the pain is horrible and excruciating. These are the clients that need to have a care plan for pain.

Table 7: Pain Scale by Number of Clients, 2011-12
Source: RAI-Home Care Clinical reports

		Pain Scale			
	No. of clients	0	1	2	3
Sun Country	1,122	493	135	371	123
Provincial Average	13,325	5188	1834	4672	1631

Long-Term Care (Special Care Homes)

The table below represents the number of individuals receiving institutional supportive care by type of care. The majority of individuals received long term care services, with the remaining receiving temporary care

Table 8: Types of Care, 2011-2012
Source: Institutional Supportive Care Home (ISCH) data base

Types of Care	Long Term Care	Temporary Care	All Programs
SCHR	626	16	642
Provincial Total	8,478	211	8,689

Mental Health

SCHR provides diagnostic and treatment services to mentally ill clients to restore their capacity to live in the community.

- Mood disorders, schizophrenia and other psychotic disorders were the most common mental illnesses in 2012/2013 (see Figure 18).
- In 2012-2013, the 10-19 years age group had the highest number of clients seeking mental health services in the Region.
- In SCHR, only one per cent of the total admissions to alcohol and drug services injected drugs compared to 13 per cent for Saskatchewan.
- There was a 54 per cent reduction in service-based admissions for problem gambling in SCHR in 2011 to 2012 compared to a 20 per cent reduction for Saskatchewan.

Figure 18: SCHR Common mental illnesses, 2012-13
Source: Health Information Management, SCHR

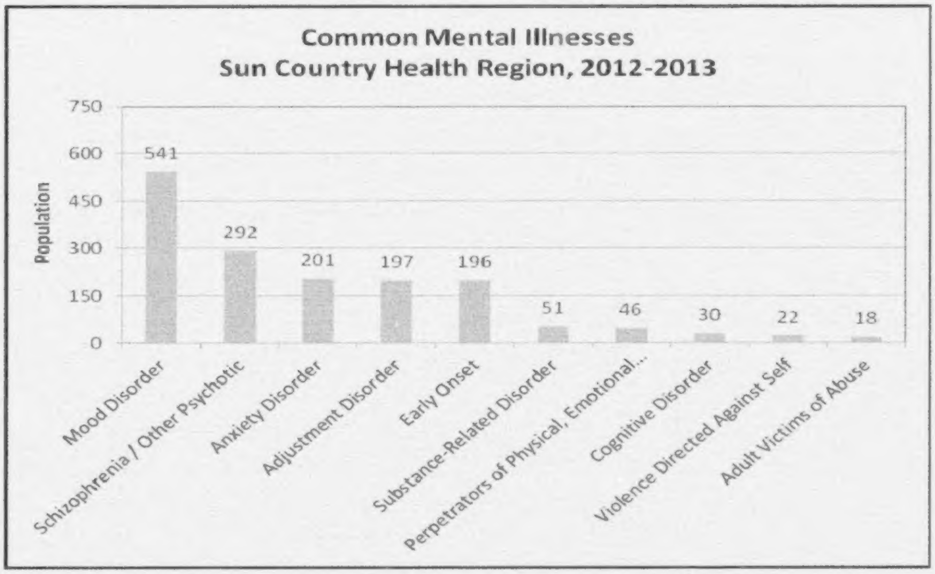


Table 9: High Risk Clients Injection Drug Use, 2011-2012

	Total Admissions to Alcohol and Drug Services	Total injection Drug Users Injected Last 12 months	Percent of Clients who have Injected Drugs
SCHR	639	9	1%
Saskatchewan	33,083	4,156	13%

Figure 19: SCHR age distribution of clients seeking mental health services 2012-13
Source: Health Information Management, SCHR

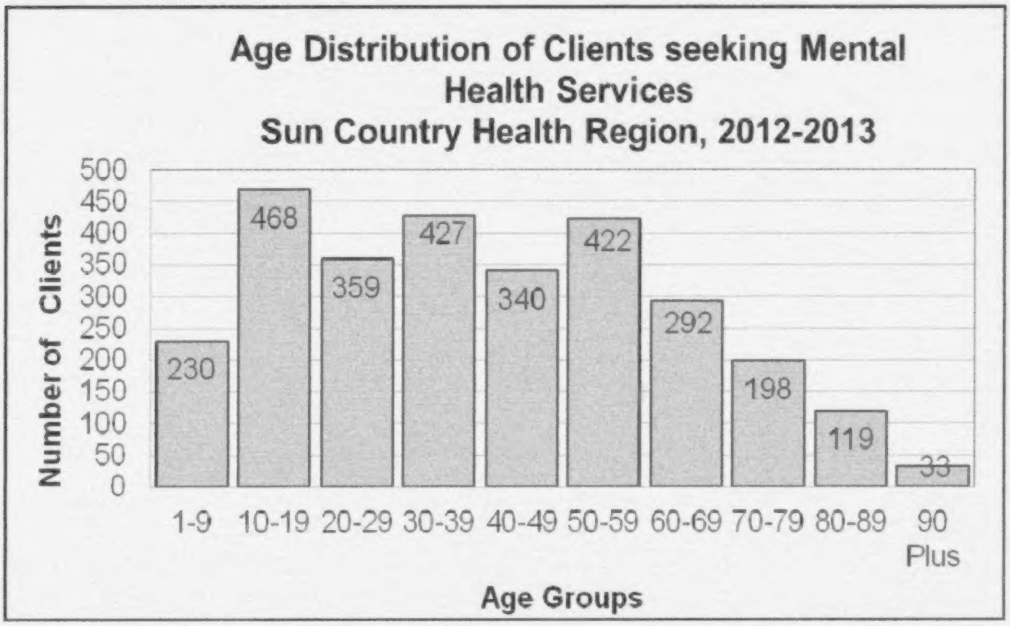
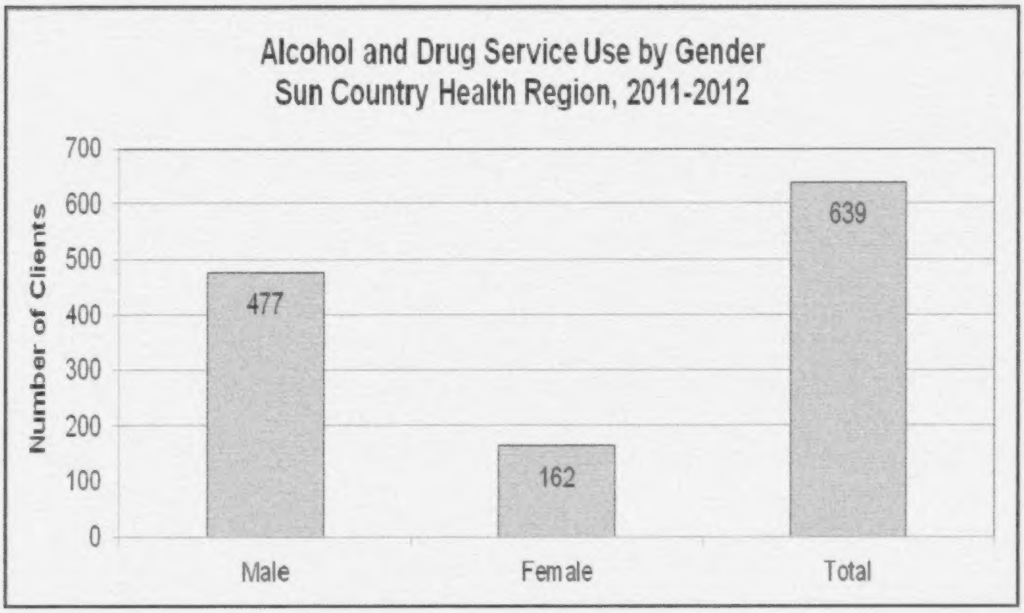


Figure 20: Alcohol and Drug Service Use by Gender in SCHR, 2011-2012
Source: Alcohol Drug and Gambling Information System



Self-Reported Health Indicators

The self-rated health indicator measures an individual's perception of his or her over-all health. A predictor of real health status, it complements other health status indicators by taking into account factors such as the existence of disease and its severity. Self-rated health is reported for Canadians 12 years of age and over (HRSDC, 2014).

Life Satisfaction

Life satisfaction measures how people evaluate their life as a whole rather than their current feelings (OECD Better Life Index). In 2011/2012, the percentage of people in SCHR who indicate that they are satisfied or very satisfied with their life was 93.9 per cent compared to 92.7 per cent in 2010 and 93.8 per cent in 2009. That is compared to 92.6 per cent in Saskatchewan and 92.3 per cent in Canada (Statistics Canada, 2011/2012).

Sense of Belonging

Research shows a high correlation between a sense of community-belonging and physical and mental health. In 2011/2012, 77.8 per cent of SCHR residents reported their sense of belonging to their local community as being very strong or somewhat strong. This is above the Canadian rate of 65.4 per cent and the Saskatchewan rate of 73.0 per cent (Statistics Canada, 2011/2012).

Sense of Well-being

In 2011/2012, 57.9 per cent of residents in SCHR perceived themselves to be in good or excellent health compared to 55.8 per cent in 2010 and 53.3 per cent in 2009. In comparison, the Saskatchewan rate is lower at 56.9 per cent, while the national rate is higher at 59.9 per cent.

Sixty nine per cent of SCHR residents perceived themselves to have good or excellent mental health compared to 73.2 per cent in 2010 and 68.7 per cent in 2009.

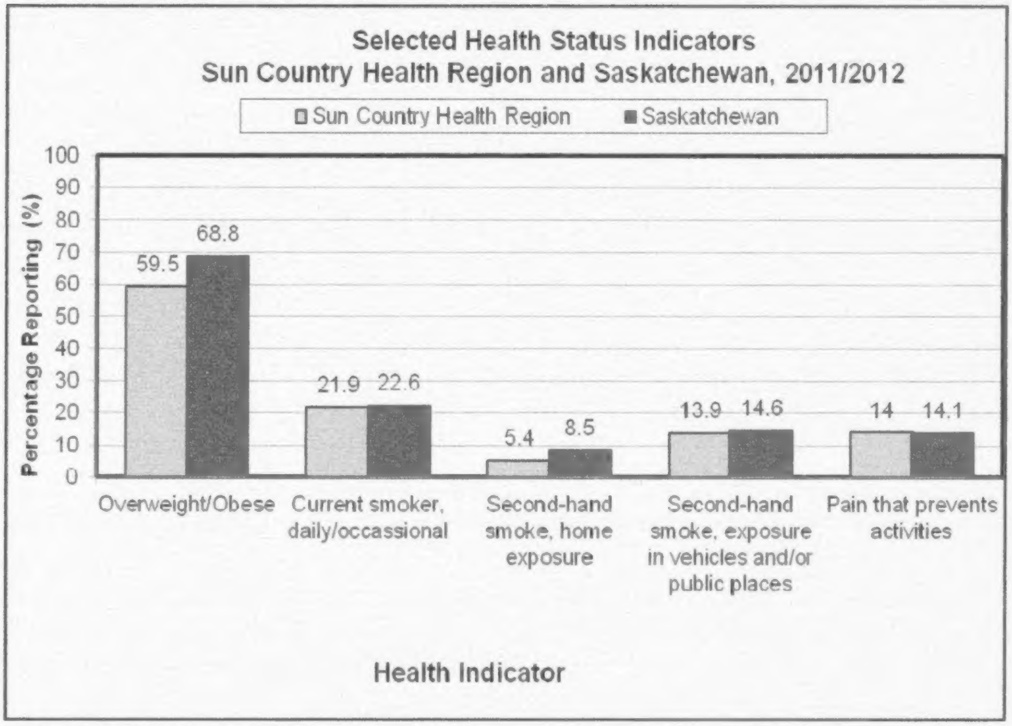
The Saskatchewan rate is lower at 67.7 per cent while the national rate is higher at 72.2 per cent (Statistics Canada, 2011/2012).

The SCHR population aged 15 and over who reported perceiving that most days were quite a bit or extremely stressful was 19.9 per cent in 2010 and 17.6 per cent in 2011/2012 and compared to 19.0 per cent in Saskatchewan and 23.2 per cent in Canada.

Regular Medical Doctor

The proportion of SCHR residents who reported having a regular family doctor in 2011/2012 was 76.1 per cent, a decline from 80.7 per cent in 2010 and 83.6 per cent in 2009, and compared to 81.4 per cent in Saskatchewan and 84.9 per cent in Canada (Statistics Canada, 2011/2012).

Figure 21: Health Status Indicators, SCHR and Saskatchewan, 2011/2012
Source: Statistics Canada, 2011/2012



Injuries

The injury hospitalization rate indicates the incidence of injuries serious enough to require hospital admission. It also contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources (CIHI, 2013).

In 2011/2012, the over-all injury hospitalization rate in SCHR was 1,081 per 100,000, compared to the 2010/2011 rate of 1,061 per 100,000. The Saskatchewan rate was much lower at 789 per 100,000 and Canada's rate was 516 per 100,000 (CIHI, 2013). See Figure 22.

Self-injury hospitalization rate is the age-standardized rate of hospitalization in a general hospital due to self-injury, per 100,000 populations age 15 and older. They may be the result of suicidal and/or self-harming behaviors. In many cases, they can be prevented by early recognition of, intervention for and treatment of mental illnesses (CIHI, 2013).

SCHR's rate of self-injury hospitalizations was 78 per 100,000 in 2011 to 2012 compared to 88 per 100,000 in 2010 to 2011. In comparison, Saskatchewan's rate is 81 while Canada is 67 per 100,000 for 2011 to 2012 (see Figure 23).

Figure 22: Injury Hospitalization, SCHR, Saskatchewan and Canada, 2011-2012
Source: CIHI, 2013

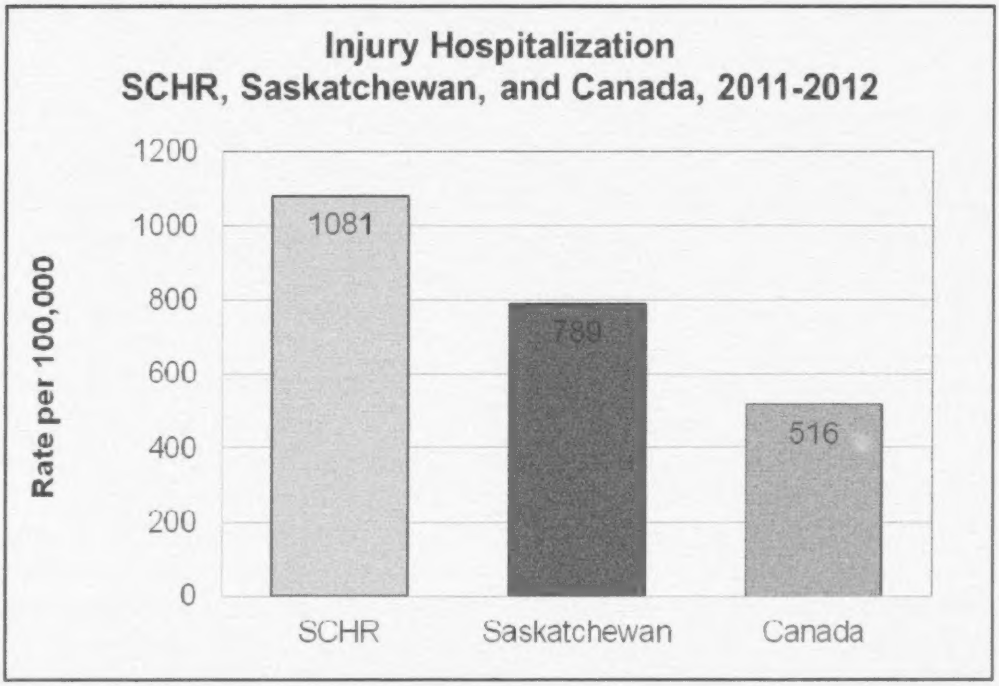
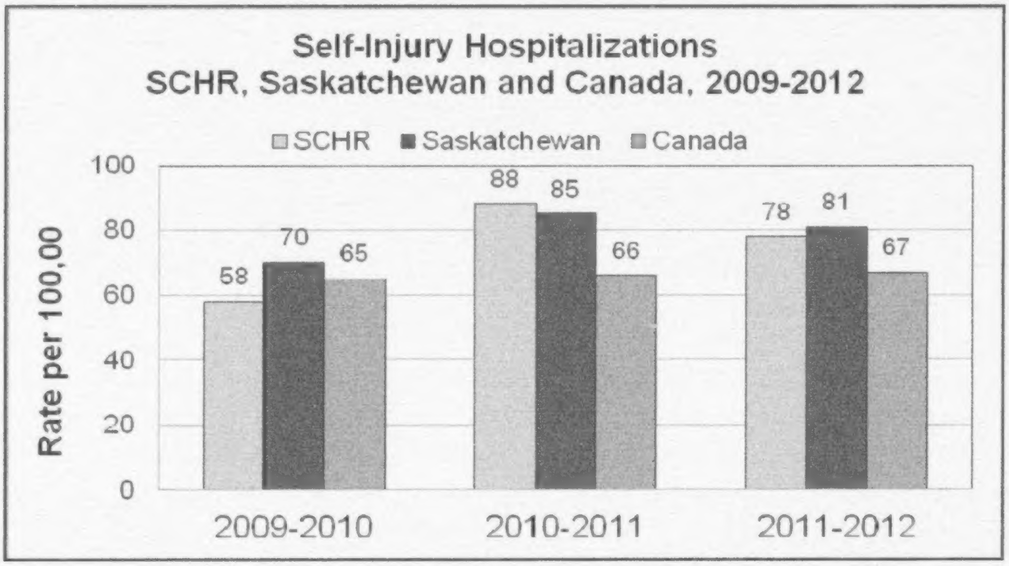


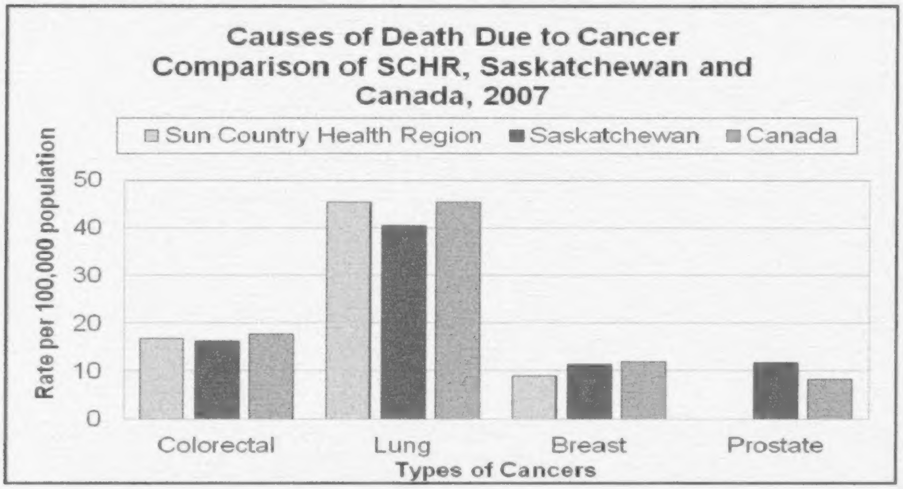
Figure 23: Self Injury Hospitalizations, SCHR, Saskatchewan, and Canada, 2009-2012
Source: CIHI, 2013



Deaths Due to Cancer

Cancers are one of the leading causes of death in SCHR, accounting for 152.2 deaths per 100,000 populations in the Region. Among the selected cancers, lung cancer deaths has the highest rate, Region-wide (45.5 per 100,000), provincially (40.5 per 100,000) and nation-wide (45.4 per 100,000).

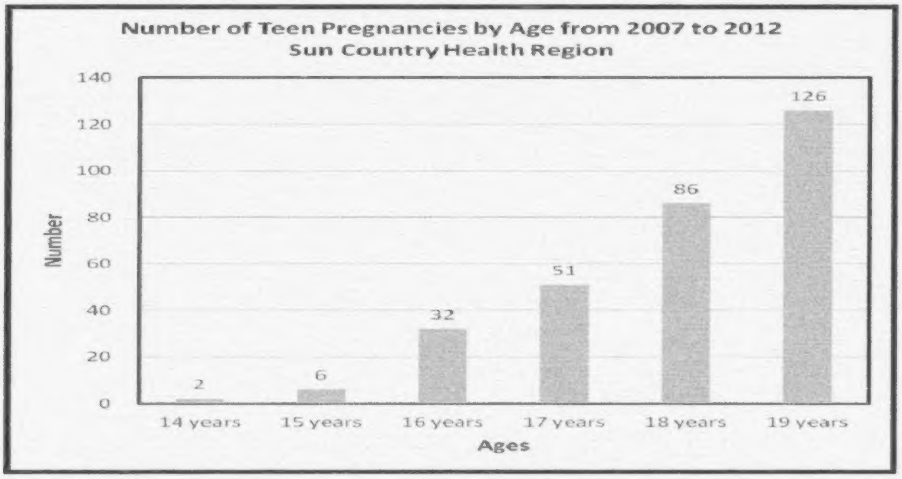
Figure 24: Causes of Death Due to Cancer, SCHR, Saskatchewan and Canada, 2007
Source: Statistics Canada, CANSIM table no. 102-4309



Teen Pregnancy Hospitalizations

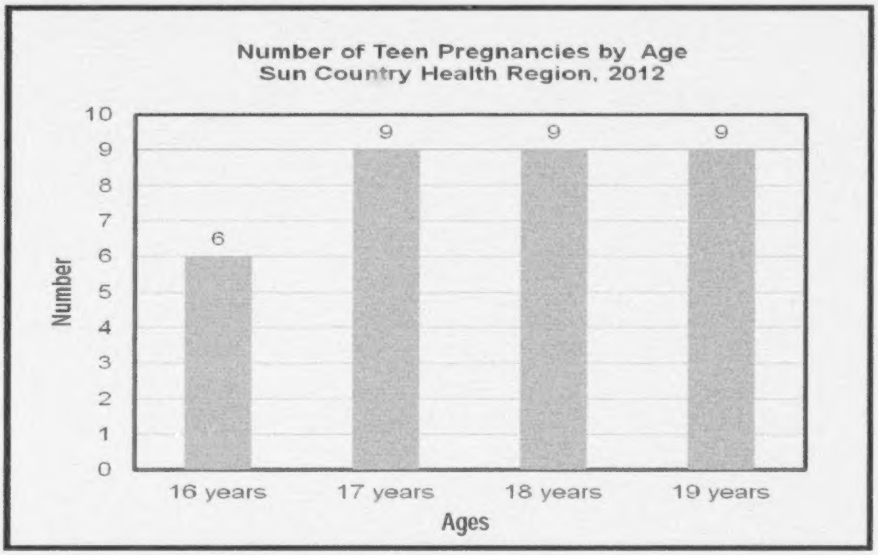
There were a total of 303 hospitalizations for teen pregnancies in SCHR between the years 2007 and 2012 compared to 353 hospitalizations between the years 2005 and 2010. The highest over-all number of pregnancy hospitalizations for the period between 2007 and 2012 were in 19- year-old females.

Figure 25: Sun Country Health Region Teen Pregnancy Hospitalizations



In 2012, SCHR had 27 teen pregnancy hospitalizations in the 17-19 year old age group compared to 35 in 2011 and 50 in 2010.

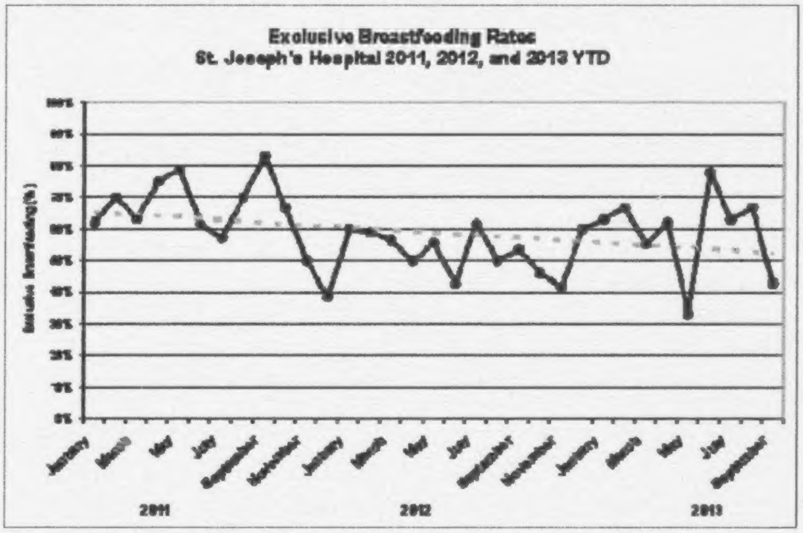
Figure 26: SCHR Teen Pregnancies by Age, 2012
Source: eHealth, Saskatchewan



Exclusive Breast Feeding Rates

The rate of exclusive breast feeding varies widely during 2013 with a peak of 77.8 per cent in June from 33.3 per cent in May. The over-all trend shows a decline from January 2011 to September 2013.

Figure 27: SCHR Exclusive Breast feeding Rates, 2011, 2012 and 2013 YTD
Source: SJH, SCHR



Socioeconomic Determinants of Health

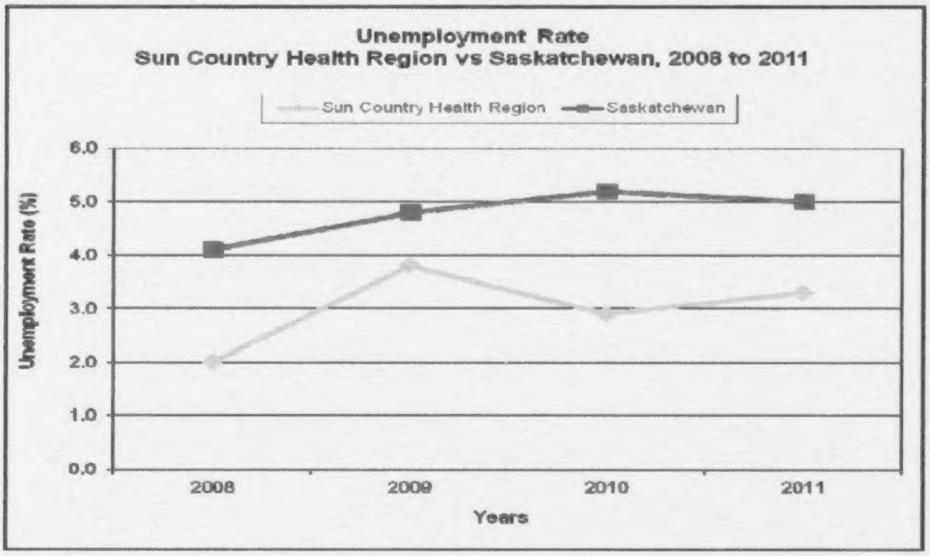
The health status of any population is determined by several factors besides the population's biological vulnerability to disease. The social and economic environment has a profound impact on health. The social determinants of health include income, education, family structure, food costs, and employment or unemployment, etc.

Unemployment

Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job (Public Health Agency, Canada).

- The SCHR employment rate increased to 3.3 per cent in 2011 from 2.9 per cent in 2010. The Saskatchewan seasonally adjusted unemployment rate for July 2013 was 4.0 per cent. This is an increase of 0.3 percentage points from the June 2013 rate of 3.7 per cent but less than the July 2012 rate of 4.9 per cent.
- The Saskatchewan unemployment rate for March 2014 was 4.6 per cent. This is an increase of 0.8 percentage points from the February 2014 rate of 3.8 per cent.
- Canada's unemployment rate increased in July 2013 to 7.4 per cent from 6.6 per cent in June 2013. Canada's unemployment rate was 7.4 per cent in March 2014, unchanged from the February 2014 level. In March 2013, Canada's unemployment rate was 7.7 per cent (Statistics Canada, Labour Force Survey, 2014).

Figure 28: Unemployment Rate, SCHR vs. Saskatchewan, 2008 to 2011
Source: 2011 Labour Force Survey, Statistics Canada



Low Income

Low-income before-tax cut-offs represent income levels at which families or persons not in economic families spend 20 percentage points more than average of their before tax income on food, shelter and clothing. In SCHR, 6.4 per cent of residents are low income earners. This is a decrease from 10.1 per cent in 2006, compared with 11.3 per cent for Saskatchewan and 14.8 per cent for Canada (2011 National Household Survey, Statistics Canada).

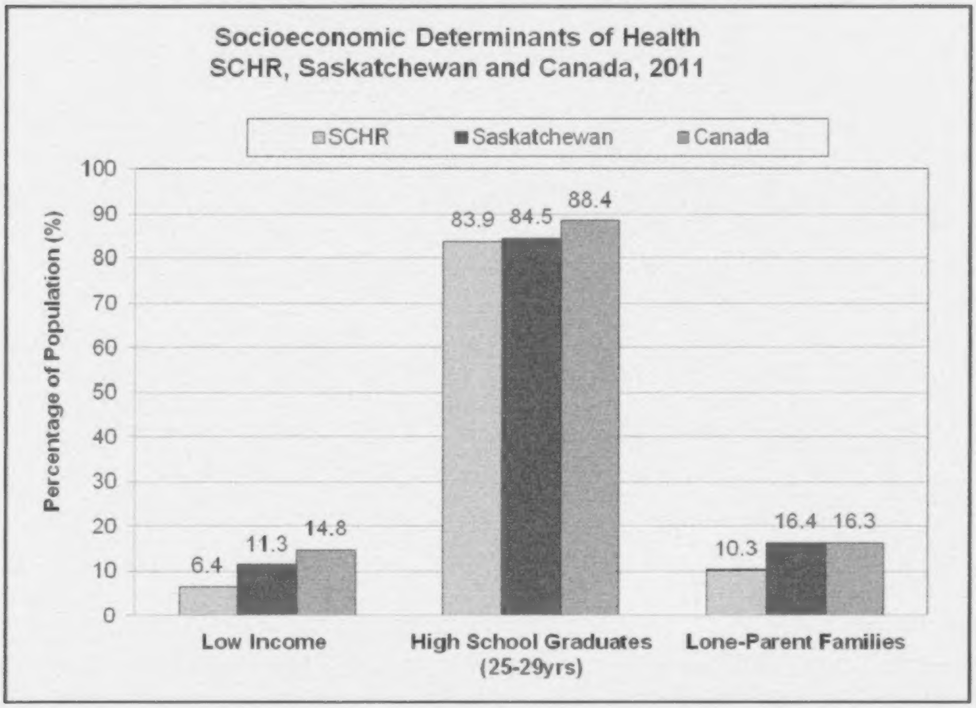
High School Graduates (aged 25 to 29)

SCHR (83.9 per cent) and Saskatchewan (84.5 per cent) have a very high proportion of high school graduates, while Canada (88.4 per cent) has the highest rate. All rates experienced an increase from the 2006 rates.

Lone-Parent Families

The proportion of lone parent families in SCHR in 2011 was 10.3 per cent compared to 10.8 per cent in 2006. The Saskatchewan rate is higher at 16.4 per cent, similar to the 2006 rate of 16.6 per cent. (2011 National Household Survey, Statistics Canada).

Figure 29: Socioeconomic Determinants of Health, Comparison of SCHR, Saskatchewan and Canada, 2011
Source: Statistics Canada, 2011 National Household Survey



Cost of Healthy Eating

Eating nutritious food is necessary to maintain and promote health for adults and children. However, the cost of healthy food has an impact on the ability of households to make healthy food choices and affects the over-all health of the population.

In SCHR, the over-all food costs in 2012 for all age and sex groups were below the provincial average food costs.

The average weekly cost of the National Nutritious Food Basket for a reference family of four in SCHR was $197.47. This is just over $4.00 lower than the 2009 weekly cost of $200.80. The provincial average was $218.24 which is higher than the 2009 rate of $205.02.

Food costs are highest for adolescent males between 14-18 years ($62.33/week) and young women between the ages of 19-30 years ($ 47.65/week) due to their increased nutrient needs. This was also the case in 2009 (see Figures 30 and 31).

Figure 30: Average Weekly Cost of a Nutritious Food Basket for Males in SCHR, 2012
Source: The Cost of Healthy Eating in Saskatchewan, 2012.

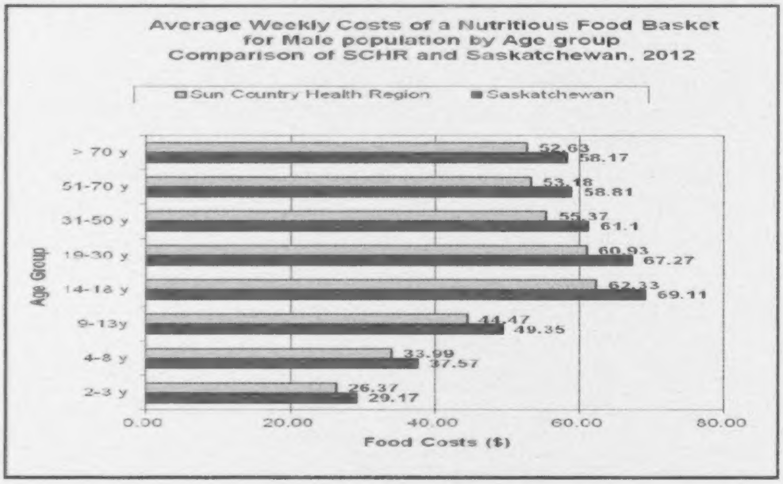
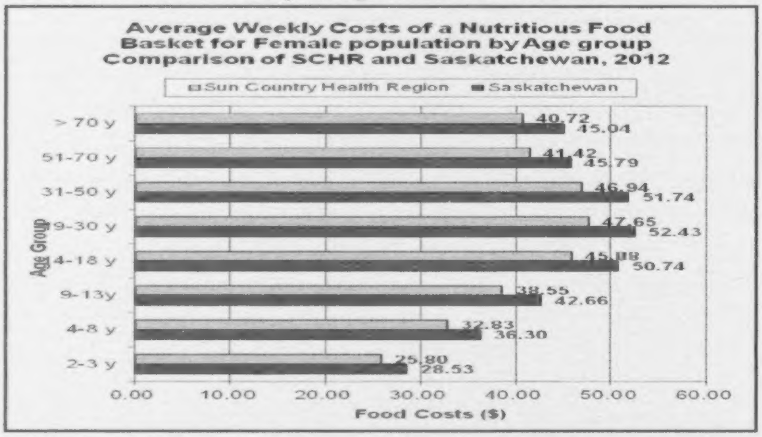


Figure 31: Average Weekly cost of a Nutritious Food Basket for Females in SCHR 2012
Source: The Cost of Healthy Eating in Saskatchewan 2012



Pregnant and breast feeding women need more healthy food, making their food costs higher than those women who are not pregnant or breast feeding. In SCHR, food costs are highest for pregnant and breast feeding women between the ages 19 and 30 years ($51.76 and $54.57, see Table 10).

Table 10: Average Weekly Cost of a Nutritious Food Basket for Pregnant and Breast feeding Women in Sun Country Health Region, 2012
Source: The Cost of Healthy Eating in Saskatchewan, 2012

Sun Country Health Region, 2012		
Age Group	Pregnant ($)	Breastfeeding ($)
<18	51.01	52.96
19-30	51.76	54.57
31-50	50.46	53.27

Many communities in Saskatchewan saw an increase in the cost of a Food Basket from 2009 to 2012. Although the cost of a Food Basket in SCHR decreased from 2009-2012, it is important to note the financial gain would be minimal given the high costs of housing. Collection and analyzing the costs of healthy food can help community and government organizations budget and allocate money for food grants and allowances (The Cost of Healthy Eating in Saskatchewan, 2012). The public health nutritionist for the Sun Country Health Region collaborates with agencies, communities, schools and organizations to help support long-term and sustainable solutions to address access to healthy foods. The Nutritionist also acts as a consultant for nutrition issues, develops resources, and leads various teams which include the breast feeding improvement team.

Immunization Coverage

Children's Influenza Immunization Rates

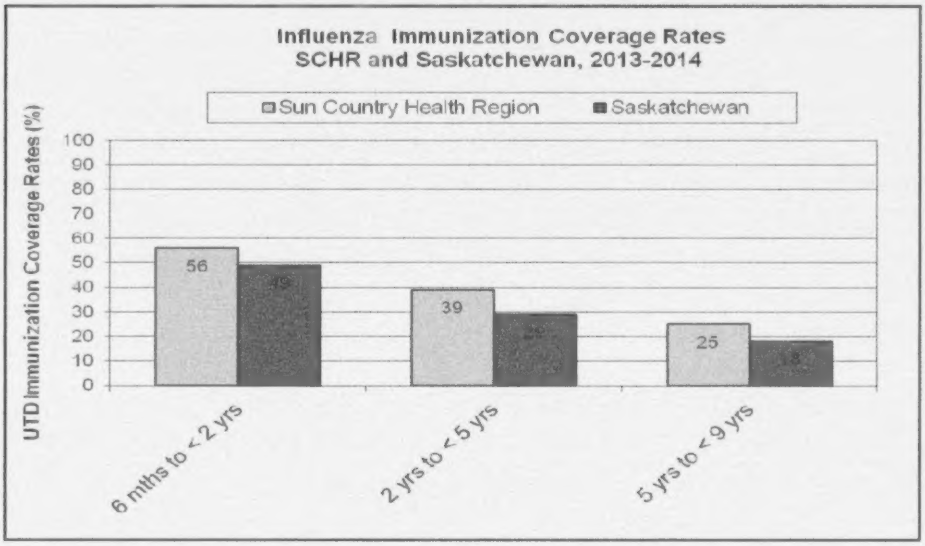
SCHR's 2013-2014 immunization coverage rates exceeded the over-all Saskatchewan coverage rates in all the age groups for children less than nine years of age.

Some coverage rates are:

- For children from six months to under two years in SCHR, the influenza vaccine coverage rate was 56 per cent compared to 49 per cent for Saskatchewan.
- For children from two years to under five years in SCHR, the influenza vaccine coverage rate was 39 per cent compared to 29 per cent for Saskatchewan.
- For children from five years to under nine years in SCHR, the influenza vaccine coverage rate was 25 per cent compared to 18 per cent for Saskatchewan.

Figure 32: Immunization Coverage Rates for 2013-2014

Source: Saskatchewan Immunization Management System (SIMS), Saskatchewan Ministry of Health



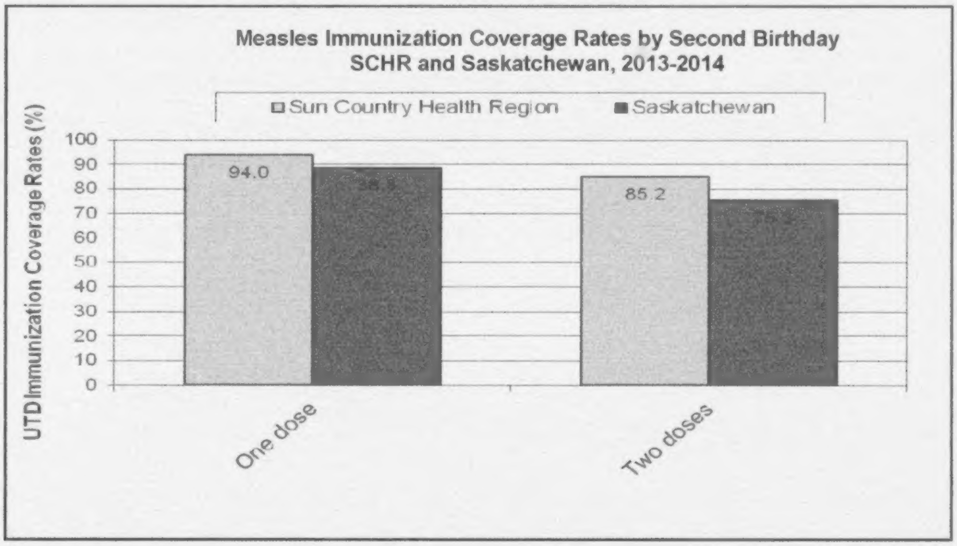
Children's Measles Immunization Rates

Below are the coverage statistics of children vaccinated by their second, seventh and 17th birthdays against measles for one and two doses.

The measles vaccine coverage rate for children in SCHR by their second birthday was 94 per cent (one dose) and 85.2 per cent (two doses) compared to 88.8 per cent (one dose) and 75.3 per cent (two doses) for Saskatchewan.

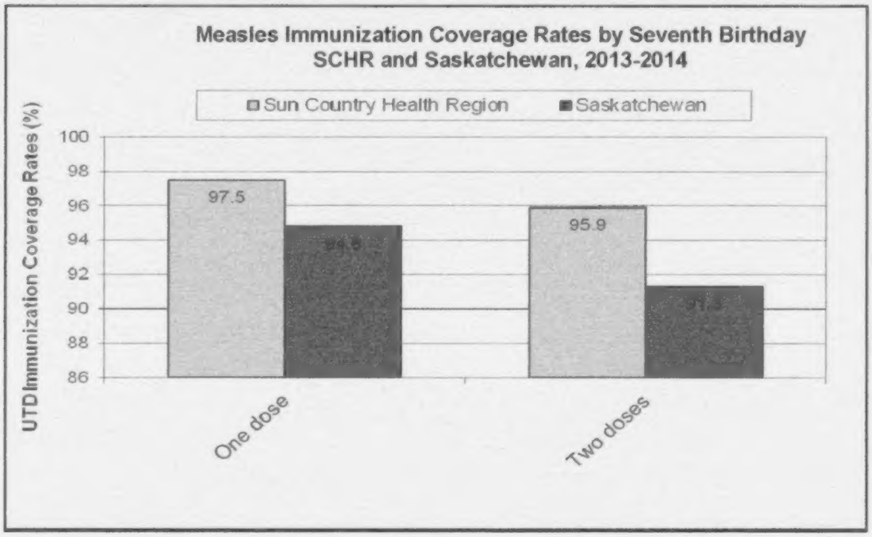
Figure 33: Measles Immunization Coverage Rates by Second Birthday, SCHR and Saskatchewan, 2013-2014

Source: SIMS data as of April 30, 2014; Saskatchewan Ministry of Health.



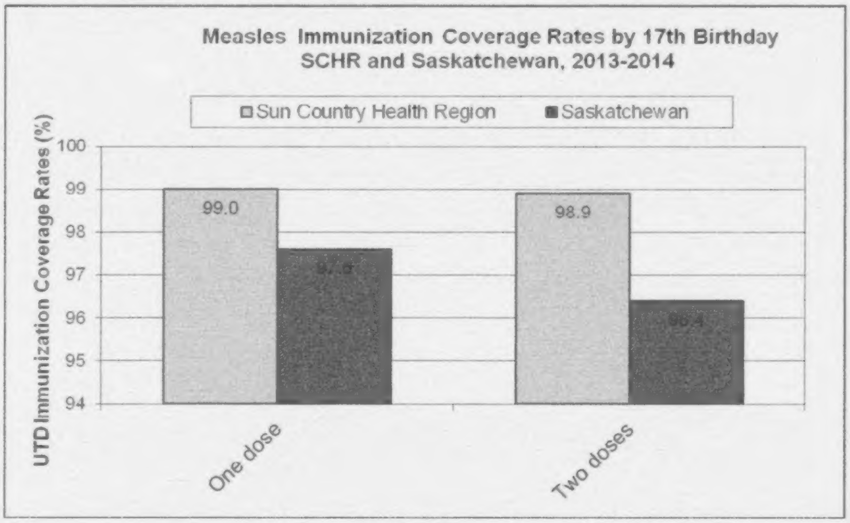
The measles vaccine coverage rate for children in SCHR by their seventh birthday was 97.5 per cent (one dose) and 95.9 per cent (two doses) compared to 94.8 per cent (one dose) and 91.3 per cent (two doses) for Saskatchewan.

Figure 34: Measles Immunization Coverage Rates by Seventh Birthday, SCHR and Saskatchewan, 2013-2014
Source: SIMS data as of April 30, 2014; Saskatchewan Ministry of Health



The measles vaccine coverage rate for children in SCHR by their 17th birthday was 99.0 per cent (one dose) and 98.9 per cent (two doses) compared to 97.6 per cent one dose) and 96.4 per cent (two doses) for Saskatchewan.

Figure 35: Measles Immunization Coverage Rates by 17th birthday, SCHR and Saskatchewan, 2013-2014
Source: SIMS data as of April 30, 2014; Saskatchewan Ministry of Health

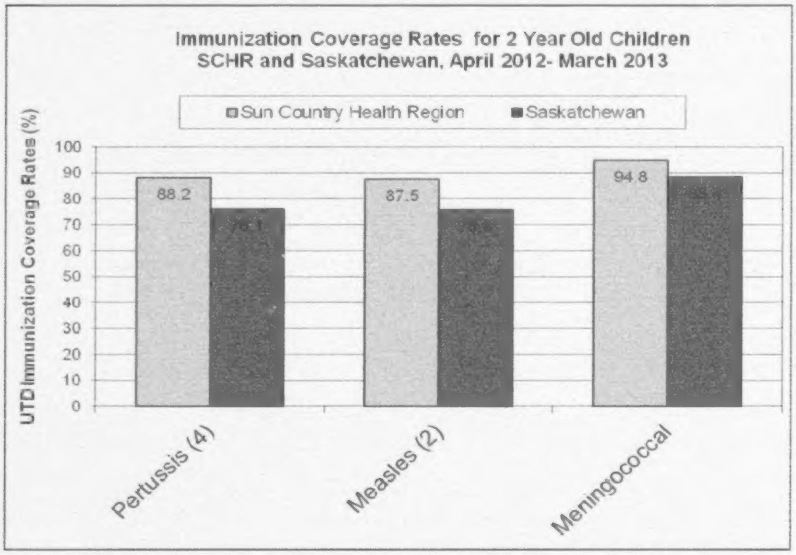


Two Year Old Children's Immunizations for 2012/2013

SCHR's 2012/2013 immunization coverage rates exceeded the over-all Saskatchewan coverage rates in the two year old age group. The Region's coverage rates for each antigen are consistently among the highest in the province. Some of the SCHR up-to-date coverage rates for two-year old children are:

- Pertussis vaccine coverage was 88.2 per cent compared to 76.1 per cent for Saskatchewan.
- MMR (mumps, measles and rubella) vaccine coverage in SCHR for two-year old children was 87.5 per cent compared to 75.8 per cent for Saskatchewan.
- Meningococcal C vaccine coverage was 94.8 per cent compared to 88.4 per cent for Saskatchewan.

Figure 36: Immunization Coverage Rates for 2 Year Old Children, April 2012-March 2013
Source: Immunization Coverage Rates for Seven Year Old Children Registered in SIMS, Saskatchewan Ministry of Health



Seven Year Old Children's Immunizations Up-to-date

SCHR maintains the excellent coverage rates that are achieved in infancy and early childhood, as evidenced by the up-to-date immunization coverage rates at the age of seven years. The Region's coverage rates are the highest in the province for the Pertussis and MMR vaccine coverage and second highest for the Meningococcal C vaccine coverage in this age group.

- Pertussis vaccine coverage was 90.4 per cent compared to 77.9 per cent for Saskatchewan.
- MMR (mumps, measles and rubella) immunization coverage in SCHR for seven-year old children was 95.7 per cent compared to Saskatchewan at 91.3 per cent.
- Meningococcal C vaccine coverage was 96.5 per cent compared to 92.8 per cent for Saskatchewan.

Selected Seasonal Influenza and Pneumococcal Immunization Coverage Rates in SCHR

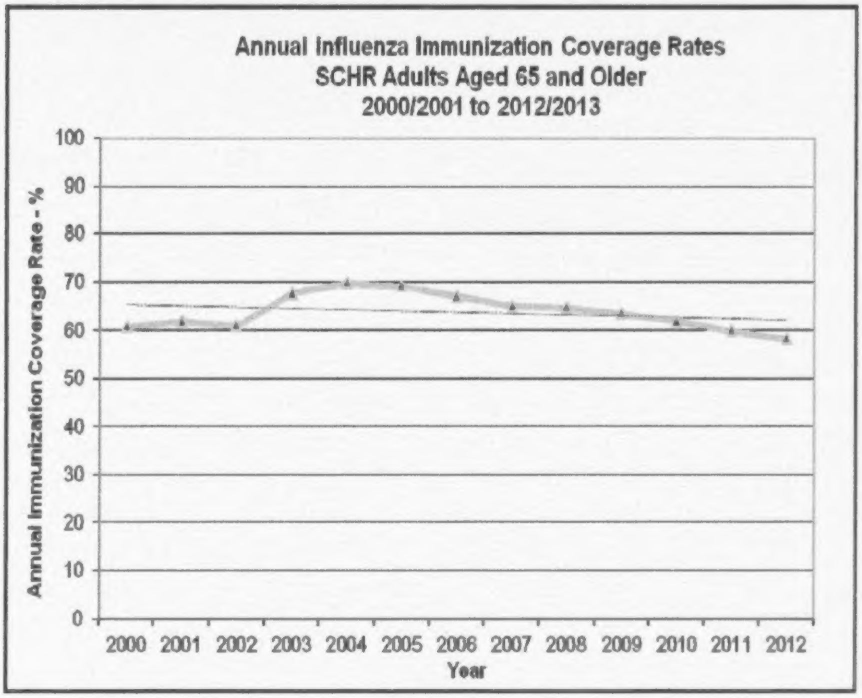
The 2013/2014 immunization coverage rates for SCHR long-term care/special care home residents are:

- The resident influenza immunization rate is 86.78 per cent (was 91 per cent in 2011/2012, 90.9 per cent in 2010/11 and 92.5 per cent in 2009/10). The facility rates range from 70.37 per cent to 100 per cent.
- The resident pneumococcal vaccine coverage rate is 85.1 per cent (facility rates range from 76.5 per cent to 100 per cent) and compares to the coverage rates of 90.3 per cent in 2011/2012, 91.6 per cent 2010/11 and 92. per cent in 2009/10.
- The staff influenza immunization rate is 79 per cent (facility rates range from 53 per cent to 98 per cent).
- The immunization coverage rate for adults aged 65 and over resident in SCHR in 2012 was 58 per cent. This is the lowest rate since 2000. The highest rate over the same time period was in 2004 at 69.7 per cent.

Table 11: LTC/Special Care Home (SCH) Influenza Immunization October 2013-April 2014
Source: Public Health Office, SCHR

Facility Name	% of Residents Immunized [≥ 65 years plus ≤ 64 years (by Nov 18th)]	Number of staff in SCH	% SCH staff immunized	Total Residents for Pneumo-23*	% Total Residents immunized with Pneumo-23
Bengough Health Centre	100.00%	52	96%	21	81.0%
Moose Mountain Lodge Company	76.92%	72	82%	39	79.5%
*The Border-Line Housing Company (1975) Inc. (Sunset Haven)	94.74%	81	95%	38	94.7%
Coronach Health Centre	91.67%	46	89%	12	100%
Estevan Regional Nursing Home	93.94%	72	53%	66	92.4%
St. Joseph's Hospital	91.18%	68	60%	34	76.5%
Fillmore Union Health Centre	75.00%	40	98%	16	81.3%
Gainsborough and Area Health Centre	100.00%	50	80%	17	100%
Willowdale Lodge Care Home	70.37%	65	91%	27	81.5%
Lampman Community Health Centre	78.9%	48	90%	19	84.2%
Mainprize Manor	87.50%	38	79%	16	87.5%
Galloway Health Centre	85.71%	67	79%	14	85.7%
*Radville Marian Health Centre	100.00%	66	92%	23	100%
Redvers Centennial Haven	86.96%	68	69%	23	87.0%
Newhope Pioneer Lodge	96.77%	45	82%	31	64.5%
Wawota & District Special Care Home (Deer View Lodge)	100.00%	72	88%	30	83.3%
Tatagwa View	79.34%	156	69%	117	82.1%
Weyburn Special Care Home	84.34%	131	73%	83	86.7%
Grand Total	86.78%	1237	79%	626	85.1%

Figure 37: Annual Influenza Immunization Coverage Rates for SCHR Adults Aged 65 and older, 2000/2001 to 2012/2013
Source: Public Health Office, SCHR



Health Care Worker Influenza Immunizations

Protecting staff from seasonal influenza also serves to protect the residents in long term care, acute care patients, and clients. The over-all coverage rate for all SCHR employees declined to 68.5 per cent in 2012/13 compared to 74.5 per cent in 2011/12 and 81.9 per cent in 2010/2011 (inactive staff are excluded from the coverage rate).

- The influenza immunization coverage rate for employees working in SCHR long term care facilities in 2012/13 was 75.8 per cent compared to 76 per cent in 2011/12 and 2010/11 and 82.4 per cent in 2009/10.
- Facility rates ranged from a low of 55.4 per cent for Estevan Regional Nursing Home to 96.3 per cent for Bengough Health Centre.
- The influenza coverage rates for health care workers in long term care centres from 2002/03 to 2012/13 are shown in the Figure 38.
- The 2012/2013 over-all influenza immunization coverage rate for SCHR acute care staff was 67.9 per cent, ranging by facility from a low of 55.0 per cent at Weyburn General Hospital to a high of 100.0 per cent for Pangman Health Centre. Individual facility rates are shown in Table 3.2.
- The 2013/2014 health care staff influenza immunization coverage rate for SCHR acute care staff is 77.4 per cent.

Figure 38: Influenza Immunization Coverage Rates for SCHR long term care health care workers (LTC HCW) and all SCHR health care workers, 2002/2003 to 2011/2012
Source: Public Health Office, SCHR

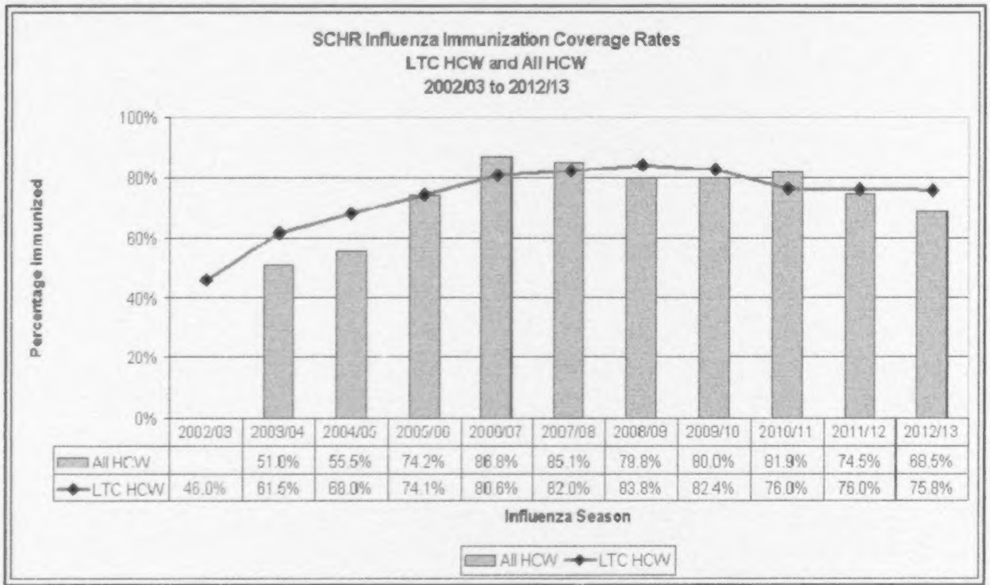


Table 12: Influenza Immunization Coverage Rates for Acute Care Facility Staff, 2012/2013
Source: Public Health Office, SCHR

Acute Care Facility	Number of Staff	Number of Staff Immunized	Percentage of Staff Immunized
Arcola Health Centre	43	39	90.1%
Estevan - St. Joseph's Hospital	219	151	69.0 %
Kipling Memorial Health Centre	60	49	81.7 %
Weyburn General Hospital (preliminary)	191	105	55.0 %
Pangman Health Centre	13	13	100%
Acute Care Total:	**526**	**357**	**67.9 %**

Figure 39: Influenza Immunization Coverage Rates for long term care health care workers, 2003/2004 to 2012/2013
Source: Public Health Office, SCHR

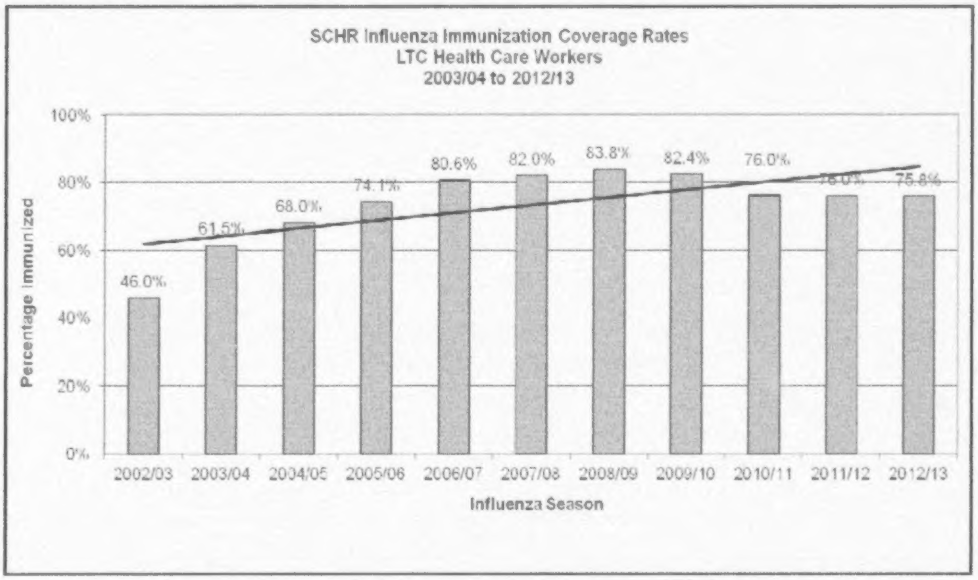


Table 13: Health Care Staff immunization - as of Feb 2014
Source: Public Health Office, SCHR

Category	RHA (incl. SCH)	Special Care Home (SCH)
Total # of Health Care staff	**2060**	**1237**
# of Health Care staff immunized	**1595**	**980**
% Staff Immunized	**77.40%**	**79.20%**

Immunization Competencies Education Program

The Immunization Competencies Education Program, developed by the Canadian Pediatric Society in association with the Public Health Agency of Canada and Health Canada, provides participants with an in-depth review of the Immunization Competencies for Health Professionals, a national consensus on the education and training required by immunization providers.

The rate of completion for the immunization competency education program for Public Health Nurses from January 2013 to January 2014 has increased from 70.8 per cent to 95.45 per cent in SCHR.

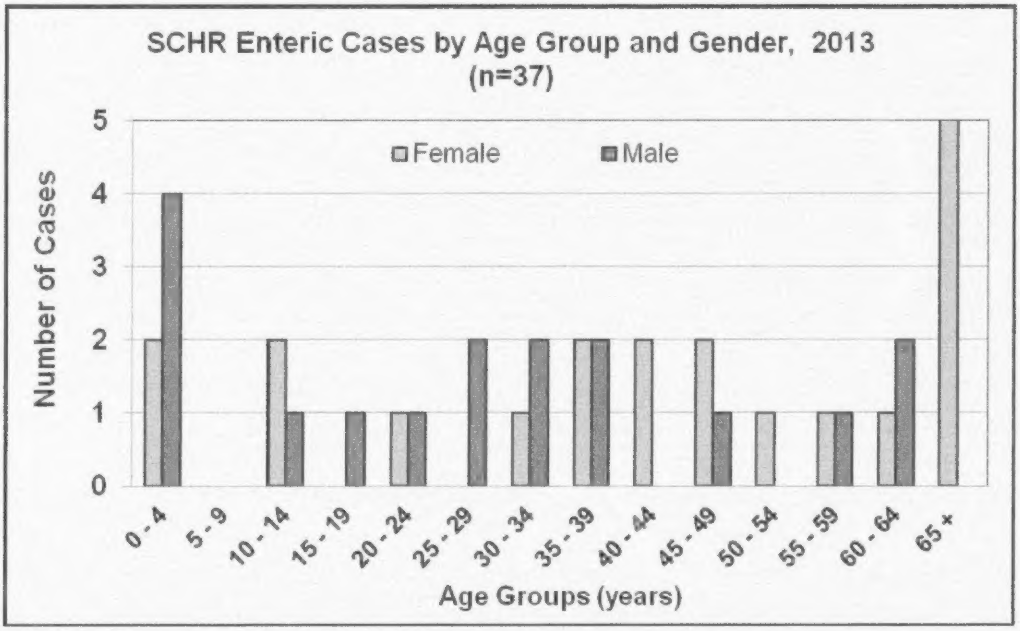
Communicable Diseases

Enteric Diseases

In 2013, 37 cases of notifiable enteric diseases were reported in SCHR. This is an increase from 27 cases in 2012 but lower than the 43 cases reported in 2011. Seventeen (46 per cent) of the cases were male and 20 (54 per cent) of the cases were female (see Figure 40).

The reported cases were distributed across all ages with six cases (16 per cent) of the 37 cases reported in children under the age of 10 and five cases (13.5 per cent) in adults aged 65 years and older.

Figure 40: SCHR Enteric Cases by Age Group and Gender 2013
Source: Public Health Office SCHR



- Campylobacter was the most commonly reported disease – 13 cases (35 per cent of the 37 cases, see Figure 41).
- Salmonella (six) and Aeromonas (six) were the second most commonly reported diseases - 12 cases (32 per cent of the 37 cases).

Figure 41: Notifiable Enteric Diseases in SCHR, 2013
Source: Public Health Office, SCHR

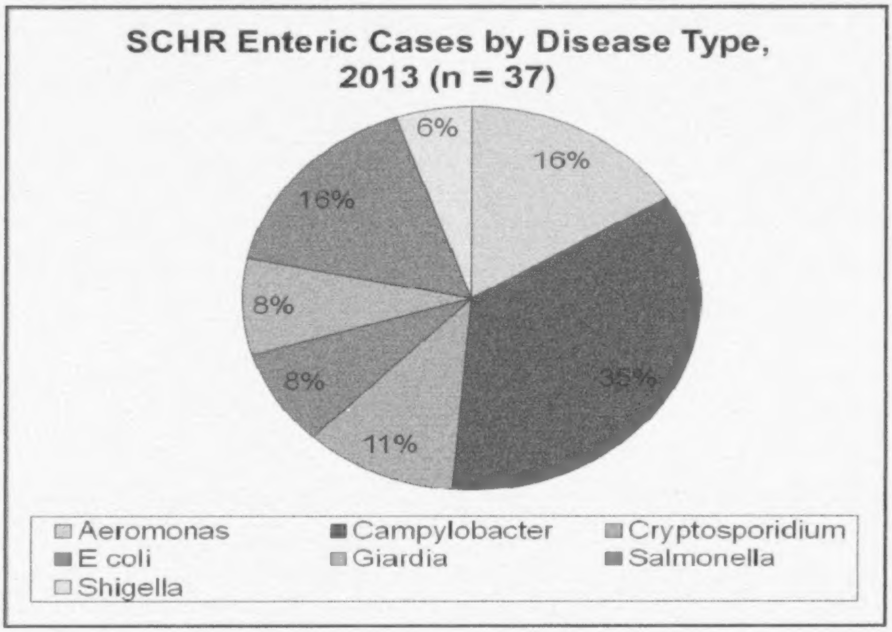
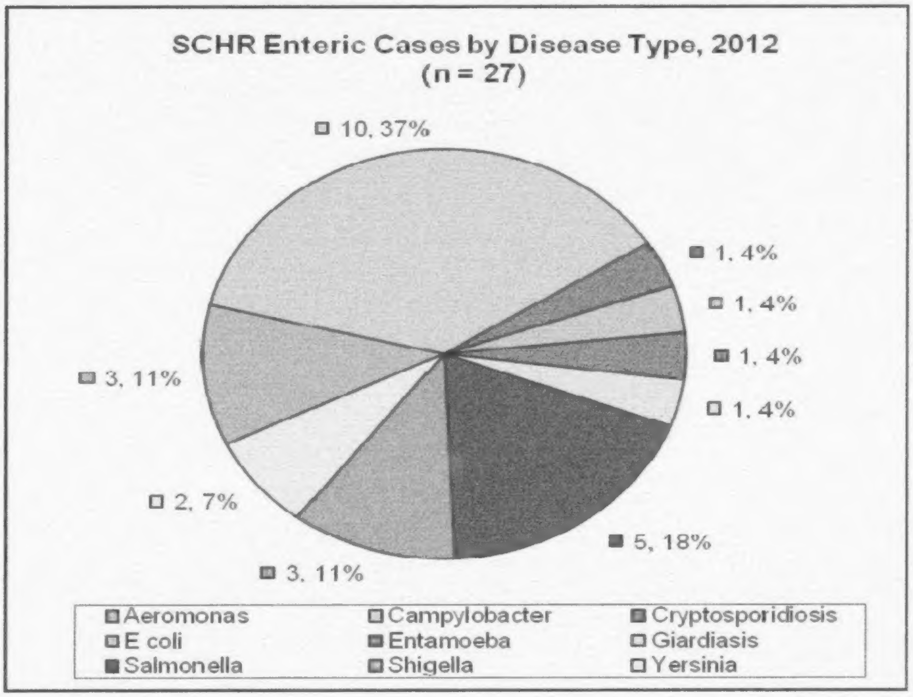


Figure 42: Notifiable Enteric Diseases in SCHR, 2012
Source: Public Health Office, SCHR



Sexually Transmitted Diseases

- In 2013, 101 cases of genital chlamydia were reported in SCHR, compared to 106 in 2012. Although it is a decrease from 2012, it is still higher than the 79 cases reported in 2011 and the 78 cases of chlamydia reported in 2010.
- In 2013, the over-all Chlamydia rate was 17.2 cases per 10,000 compared to 2012 rate of 18.6 cases per 10,000 and 2011 rate of 13.98 cases per 10,000.
- Forty seven (47 per cent) of the cases were male and 54 (53 per cent) of the cases were female. See Figure 43. In comparison to 2012, 50 (47 per cent) were male and 56 (53 per cent) of the cases were female. See Figure 44.
- The average age of individuals who contacted chlamydia is 24.5 years old.

Figure 43: SCHR Chlamydia Cases by Gender, 2013
Source: SCHR Public Health

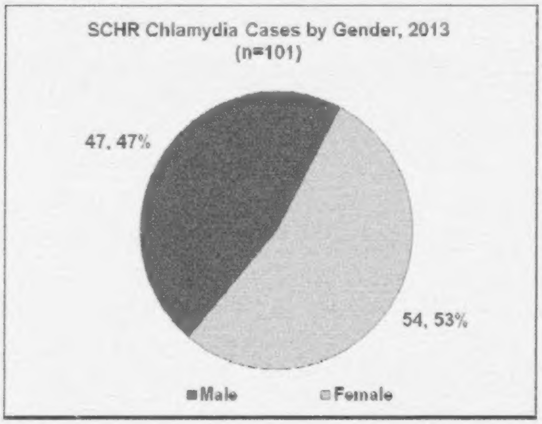
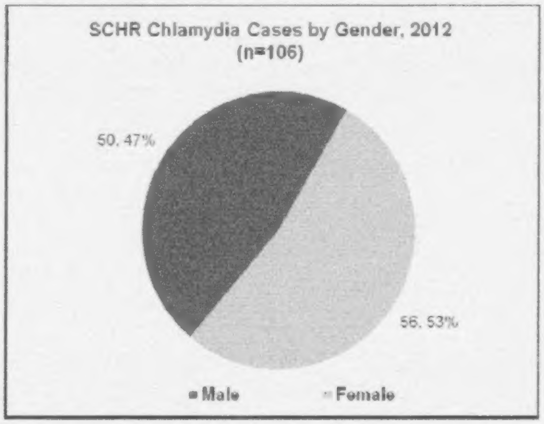


Figure 44: SCHR Chlamydia Cases by Gender, 2012
Source: Public Health, SCHR



- The average age of males who contacted chlamydia is 25.5 years old (range from 16-46) and the average age of females is 23.7 years old (range from 15-39).The highest percentage of chlamydia cases occurred in August (15.8 per cent) while the lowest percentage of cases occurred in June (see Figure 45).
- The highest number of cases (n=35) were reported in the 20-24 year old age group accounting for 35 per cent of the total number of cases.
- There was an increase to 24 cases reported in the 15-19 years of age category from 18 cases (17 per cent) in 2012.
- Twenty-three cases (23 per cent) were in the 25-29 year old age group (see Figure 46).
- Thirty-four per cent of the cases were from the Estevan Public Health Office catchment area compared to 32 per cent for the Weyburn Public Health Office catchment area. Similarly, in 2012, Estevan Public Health Office catchment area also reported more cases (over 41.5 per cent) compared to the Weyburn Public Health Office catchment area which had 29.3 per cent of the cases.

Figure 45: SCHR Chlamydia and Gonorrhea Cases by Month, 2013
Source: Public Health Office, SCHR

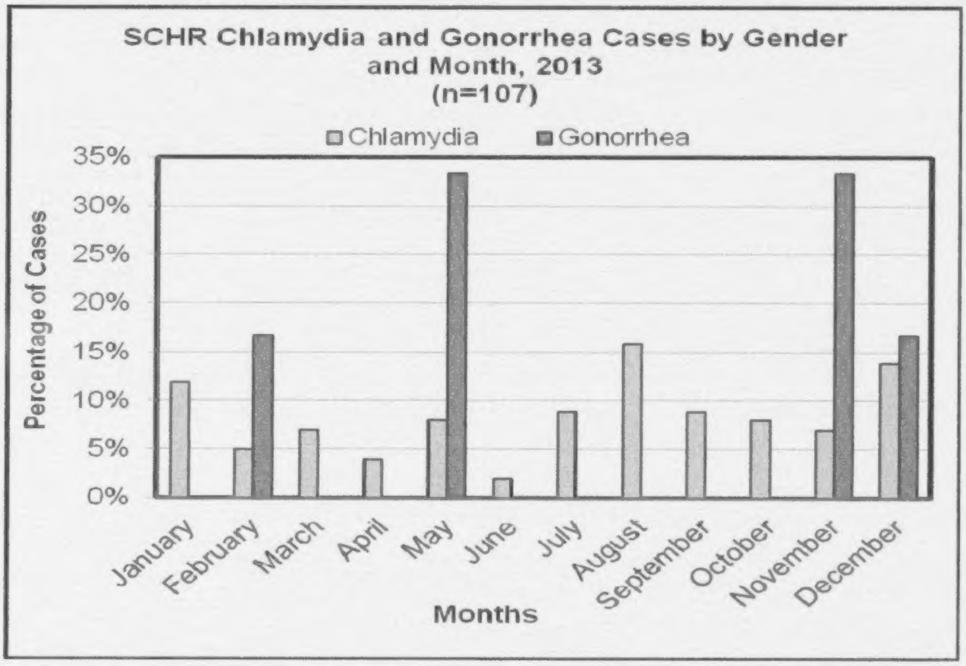


Figure 46: SCHR Chlamydia Cases by Age Group and Gender, 2013
Source: Public Health Office, SCHR

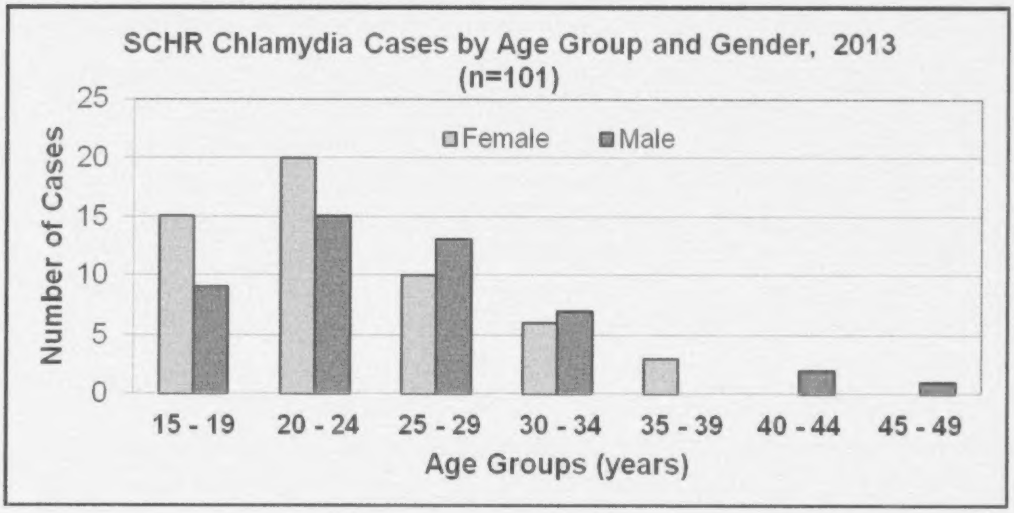
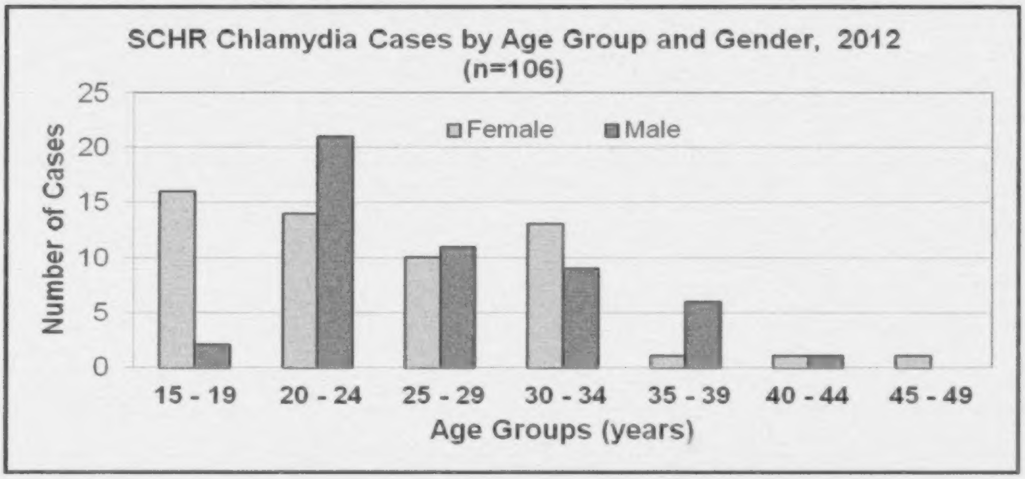
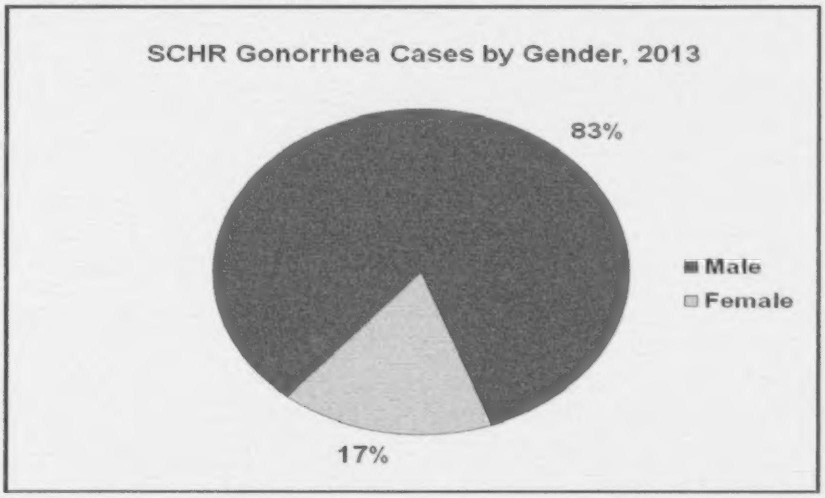


Figure 47: SCHR Chlamydia Cases by Age Group and Gender, 2012
Source: Public Health Office, SCHR



- Six cases of genital gonorrhea were reported in SCHR in 2013, compared to nine cases in 2012 and four cases in 2011.
- 83 per cent were male and 17 per cent female.
- The months of May and November had the highest cases.
- The 50-54 year age group had the highest gonorrhea occurrence.
- The average age of individuals who contacted gonorrhea is 39 years old.

Figure 48: SCHR Gonorrhea Cases by Gender, 2013
Source: Public Health Office, SCHR



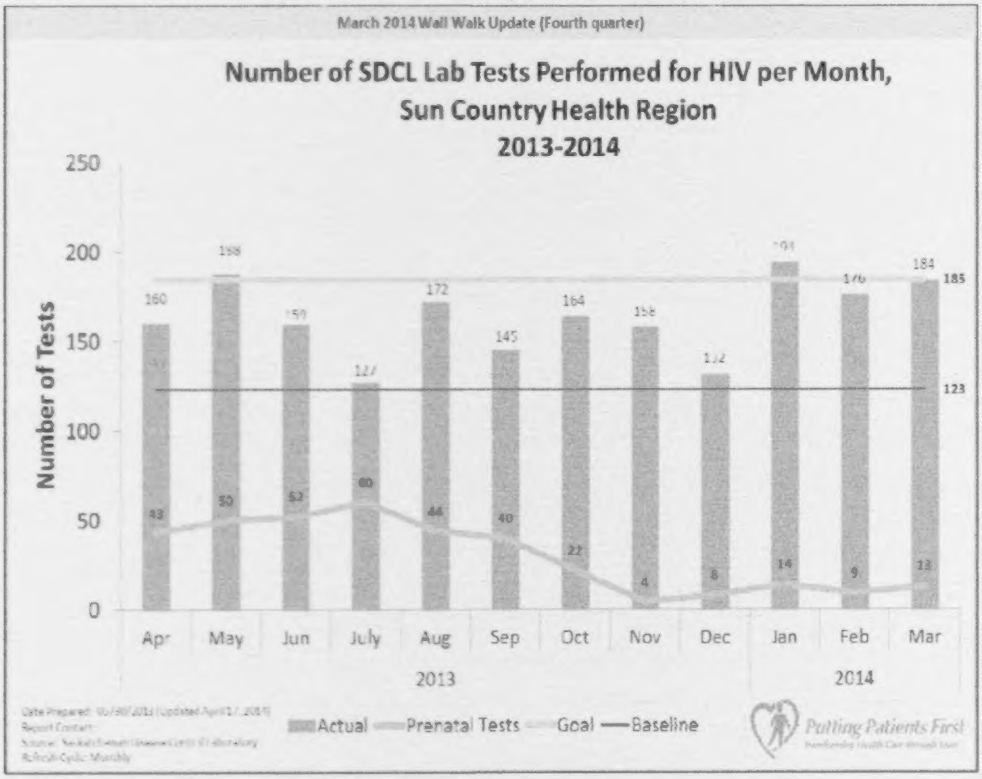
Human immunodeficiency Virus (HIV)

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Blood, semen, vaginal fluids and breast milk of infected persons can carry the HIV. The virus can pass from one person to another through these infected body fluids (Ministry of Health, Saskatchewan 2014).

- In May 2013, 188 people were tested in SCHR to determine their HIV status. This number not only exceeded the goal but was also the highest number for the year.
- In January 2014,194 people were tested in SCHR. This number also exceeded the goal and is the highest number so far for the year.

HIV testing is also done as a prenatal test in the Region but the numbers have been slowly declining since August 2013. This may be due to a number of factors like a decrease in the number of pregnancies in the Region.

Figure 49: Number of Lab Tests Performed for HIV per Month, SCHR, 2013-2014
Source: Saskatchewan Disease Control Laboratory (SDCL)



Hepatitis C Virus

In 2013, eight cases of Hepatitis C were reported in SCHR compared to 10 new cases reported in 2012. The average age was 47, the age range was 25 to 64 years of age and 87.5 per cent of the patients were male.

West Nile Virus (WNV)

In 2013, there were three laboratory-confirmed West Nile Virus cases in SCHR. There were no human cases of WNV reported in SCHR in 2011 and 2012. There were a total of three WNV-positive mosquito pools reported for SCHR in the summer of 2011 and 2012 respectively.

Animal Bites and Rabies

In 2013, one rabid animal (a cat) was reported in SCHR compared to 2012 when there were five rabid animals (four skunks and one horse). There were no rabid animal reports in 2009 and 2010 and one in 2011 (skunk). See Figure 52.

- There were two cats, five skunks and six bats (13 in total) that tested rabies positive in Saskatchewan for year 2013.
- The highest number of rabies positive animals reported in SCHR was in 2006 (16).
- Since 2005, the highest number of rabies positive animals reported in Saskatchewan was in 2011 (34). See Table 14.
- In 2010, three rabid dogs were reported in the whole of Saskatchewan while in 2011, there was only one rabid dog reported.
- Skunks remain the highest number of rabies positive animals reported in Saskatchewan since 2005.

Table 14: Number of Rabies Positive Animals, SCHR 2005 - 2013
Source: CFIA and Public Health Office, SCHR

Year	Sun Country Health Region	Saskatchewan
2005	9	24
2006	16	33
2007	4	16
2008	3	33
2009	0	24
2010	0	22
2011	1	34
2012	5	24
2013	1	13

From January 1 to December 31, 2013, SCHR Public Health Inspectors investigated 164 animal bites and/or exposures, compared to 2012 when 158 exposures were investigated.

All animal bites reported to health care facilities are investigated and a risk analysis is performed to ensure that there is no possible transmission of rabies from animals to humans. Rabies is a virus that can spread through the saliva of infected animals for up to 10 days before their death, so an animal may occasionally appear healthy but may be infected with rabies. Animals, if available, are observed for 10 days to ensure they remain healthy and alive. If the animal is not available, human rabies vaccine may be given to the exposed individual.

Rabies post-exposure prophylaxis (PEP) was required for three individuals in 2013 compared to 21 individuals in 2012. One person was started for potential exposure and the other two were started for potential exposure in other jurisdictions.

Twenty-three animals in SCHR were sent to the Canadian Food Inspection Agency to perform rabies testing after the death of the animal. One animal tested positive for rabies and all the other specimens came back negative in 2013.

Selected Infection Control Indicators

Nosocomial Infections and Antibiotic Resistant Organisms

Methicillin Resistant Staphylococcal aureus (MRSA) Rates

MRSA infection is a significant cause of morbidity in health care facilities and directly impacts client outcomes. Healthcare-associated MRSA is an indicator of the quality of infection prevention and control practices in health care facilities. Variation in infection rates can be attributed to numerous factors including differences in the risk factors present in different patient populations, duration of hospitalization, and the intensity of the surveillance. For these reasons, infection rate data may not be easily comparable between facilities, services, and organizations.

Table 15: 2013 MRSA Rates per 1000 Patient Care Days in Acute Care

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2013	1.84 (3)	0	0	1.97 (3)
Estevan St. Joseph's Hospital	2013	1.29 (3)	0	2.31 (6)	0.81 (2)
Arcola Health Centre	2013	0	0	0	0
Kipling Memorial Health Centre	2013	0	0	0	0

The overall MRSA rate

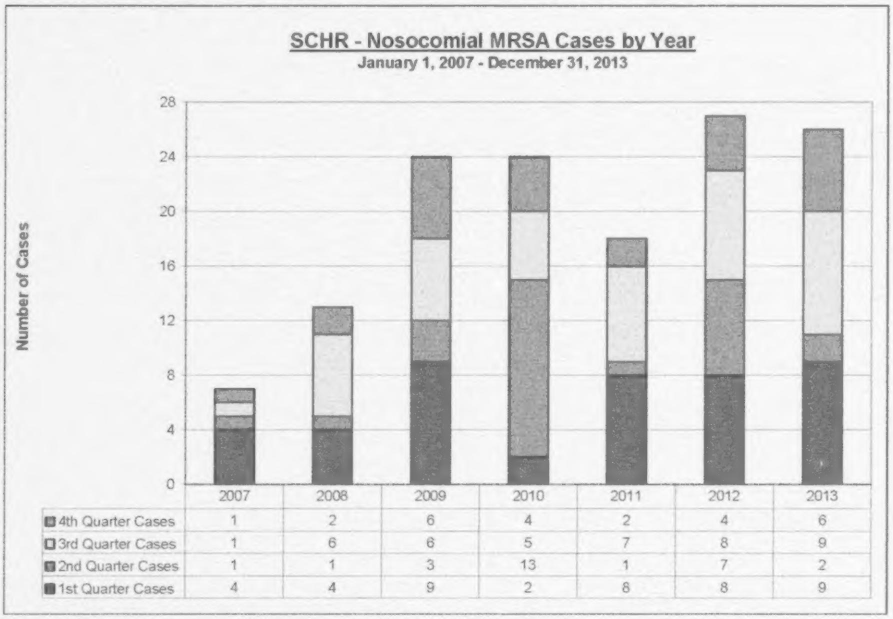
- **in acute care in 2013:17/19,419 = 0.88 per 1000 patient care days.**
- **in acute care in 2012 was 8/18,848 = 0.42 per 1000 patient care days.**
- **in acute care in 2011 was 7/21,230 = 0.33 per 1000 patient care days.**
- **in acute care in 2010 was 12/21,634 = 0.55 per 1000 patient care days.**
- **in long term care in 2013 was 9/228,979 = 0.04 per 1000 resident care days.**
- **in long term care in 2012 was 19/237,034 = 0.08 per 1000 resident care days.**
- **in long term care in 2011 was 12/239,820 = 0.05 per 1000 resident care days.**
- **in long term care in 2010 was 12/238,903 = 0.05 per 1000 resident care days.**

Table 16: 2013 MRSA rates per 1000 resident care days in LTC

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Estevan Regional Nursing Home	2013	0	0	0.16 (1)	0
Radville Marian Health Centre	2013	0	0	0	0
Weyburn Special Care Home	2013	0	0	0.14 (1)	0
Galloway Health Centre	2013	0	0.71 (1)	0	0
Bengough Health Centre	2013	0.50 (1)	0	0	0
Deer View Lodge	2013	0	0	0	0
Moose Mountain Lodge	2013	0	0.27 (1)	0.27 (1)	0
Coronach Health Centre	2013	0	0	0	0
Sunset Haven	2013	0	0	0	0
Tatagwa View	2013	0	0	0	0
New Hope Pioneer Lodge	2013	0.38 (1)	0	0	0
St. Joseph's Hospital (LTC)	2013	0.32 (1)	0	0	0
Mainprize Manor	2013	0	0	0	0.80 (1)

Figure 50: SCHR- Nosocomial MRSA Cases by Year

Source: Infection Control, SCHR.



	2007	2008	2009	2010	2011	2012	2013
▨ 4th Quarter Cases	1	2	6	4	2	4	6
☐ 3rd Quarter Cases	1	6	6	5	7	8	9
▨ 2nd Quarter Cases	1	1	3	13	1	7	2
■ 1st Quarter Cases	4	4	9	2	8	8	9

Vancomycin Resistant Enterococci (VRE)

Vancomycin Resistant Enterococci (VRE) are enterococci bacteria that have developed resistance to many commonly used antibiotics including Vancomycin. Spread of VRE can occur by person-to-person transmission via the fecal-oral route, indirectly via soiled gloves unwashed hands or contaminated equipment.

Table 17: VRE rates per 1000 patient care days in acute care

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2013	0	0	0	0
Estevan St. Joseph's Hospital	2013	0	0	0.38 (1)	0.81 (2)
Arcola Health Centre	2013	0	0	0	0
Kipling Memorial Health Centre	2013	0	0	0	0

The overall VRE rate

- **for acute care for 2013 was 3/19,419 = 0.15 per 1000 patient care days.**
- **for acute care for 2012 was 1/18,848 = 0.05 per 1000 patient care days.**
- **for long term care for 2013 was 1/228,979 = 0.004 per 1000 patient care days.**
- **There were no nosocomial or health care associated VRE cases in long term care in 2012.**

Table 18: 2013 VRE rates per 1000 resident care days in LTC

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Estevan Regional Nursing Home	2013	0	0	0	0
Radville Marian Health Centre	2013	0	0	0	0
Weyburn Special Care Home	2013	0	0	0	0
Galloway Health Centre	2013	0	0.71 (1)	0	0
Bengough Health Centre	2013	0	0	0	0
Deer View Lodge	2013	0	0	0	0
Moose Mountain Lodge	2013	0	0	0	0
Coronach Health Centre	2013	0	0	0	0
Sunset Haven	2013	0	0	0	0
Tatagwa View	2013	0	0	0	0

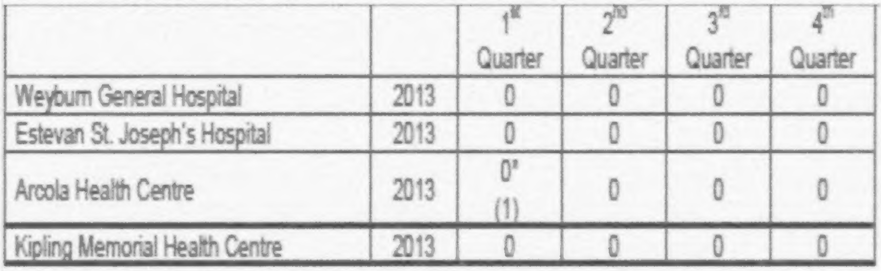
Extended Spectrum Beta Lactamases (ESBLs)

Extended Spectrum Beta-Lactamases (ESBLs) are enzymes produced by some bacteria that can make them resistant to antibiotics. The ESBL-producing organisms are found in the bowel, urine, blood, and they may also infect skin wounds.

Infections with ESBL-producing bacteria are concerning for the following reasons:

- They are difficult to treat because they are resistant to many antibiotics.
- Patients often experience a delay in treatment because ESBLs are difficult to detect by routine antimicrobial susceptibility tests.
- Patients may experience long hospital stays with increased costs.
- Patients with infections have an increased risk of death.

Table 19: 2013 ESBL rates per 1000 patient care days in acute care



		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2013	0	0	0	0
Estevan St. Joseph's Hospital	2013	0	0	0	0
Arcola Health Centre	2013	0* (1)	0	0	0
Kipling Memorial Health Centre	2013	0	0	0	0

* ESBL was identified in a patient that was in the facility in December.

The overall ESBL rate

- **The over-all long term care ESBL rate in 2013 was 5/228,979 = 0.02 per 1000 resident care days.**
- **The over-all long term care ESBL rate in 2012 was 2/237,034 = 0.01 per 1000 resident care days.**
- **The over-all acute care ESBL rate in 2013 was 1/19,419 = 0.05 per 1000 patient care days.**
- **There were no nosocomial or health care associated ESBL cases in acute care in 2012.**

Nosocomial Clostridium difficile Rates

Clostridium difficile (C. diificile) is the leading cause of health care-associated diarrhea and can cause a range of symptoms including severe inflammation of the colon and infections that may lead to severe or life threatening events. Illness from *C. difficile* most commonly affects older adults and individuals in long term care facilities and can be acquired in hospital or community settings.

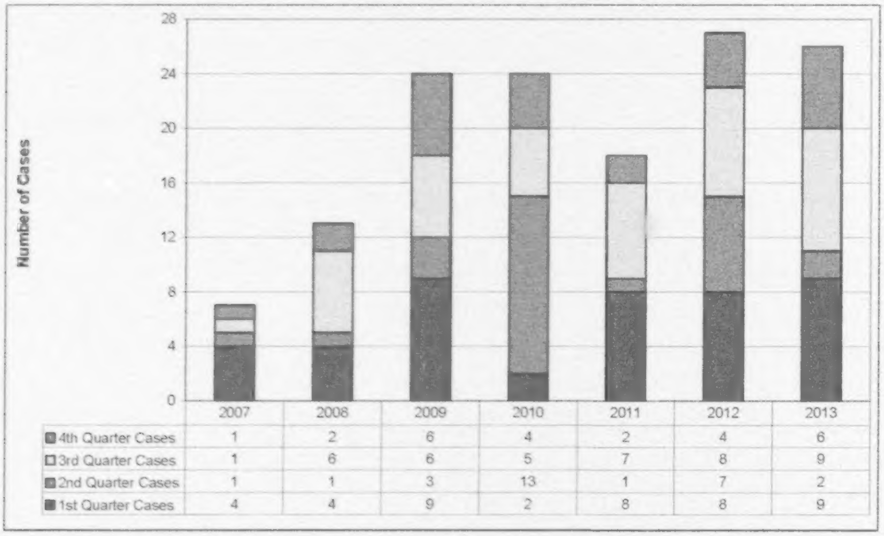
C. difficile is not a reportable disease in Saskatchewan but SCHR facilities are expected to report their *C. difficile* infections to Infection Control.

The following table provide information about *C. difficile.* infections by the overall number of cases identified in SCHR from 2008 - 2013.

Table 20: SCHR Nosocomial *C. Difficile* cases per year by quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Cases
2008	1	0	0	1	2
2009	3	1	1	4	9
2010	1	0	0	2	3
2011	2	0	1	2	5
2012	0	2	2	2	6
2013	1	1	2	0	4

Figure 51: SCHR-Nosocomial *C. difficile* Cases by Year, 2007-2013
Source: Infection Control, SCHR



	2007	2008	2009	2010	2011	2012	2013
▨ 4th Quarter Cases	1	2	6	4	2	4	6
☐ 3rd Quarter Cases	1	6	6	5	7	8	9
▨ 2nd Quarter Cases	1	1	3	13	1	7	2
■ 1st Quarter Cases	4	4	9	2	8	8	9

Outbreaks

The information below is collected from the reporting of outbreaks in SCHR facilities covering the time period from January 1, 2013 to December 31, 2013. There were a total of 24 outbreaks in Sun Country Health Region in 2013, compared to 27 outbreaks in 2012.

- The outbreaks are categorized into three categories: respiratory, enteric, or "other." The "other" category of outbreaks includes outbreaks of antibiotic-resistant organisms. In 2013, there were no antibiotic-resistant organism outbreaks identified.
- The majority of outbreaks reported in 2013 occurred in Long Term Care facilities:
- Long term care - 17 facilities (15 in 2012)
- Integrated – seven facilities (nine in 2012)
- Acute – 0 facility (one in 2012)
- Community – 0 facilities (two in 2012)
- In 2013, there were 12 enteric outbreaks and 12 respiratory outbreaks. In one of the respiratory outbreaks more than one organism was identified. One death occurred in a single influenza A outbreak.
- Norovirus was identified in six (50 per cent) of the 12 enteric outbreaks. In six (50 per cent) of the 12 enteric outbreaks, no organism was identified. Entero/Rhinovirus was the most common pathogen identified in SCHR facility respiratory outbreaks in 2013. It was identified in seven (58 per cent) of the 12 respiratory outbreaks.
- Influenza was identified in one outbreak (8.3 per cent), Parainfluenza in two outbreaks (16.6 per cent), Coronavirus and Parainfluenza were both identified in one outbreak (8.3 per cent) and no respiratory organism was identified in one outbreak (8.3 per cent)

Figure 52: Outbreaks by Facility Type, 2011-2013
Source: Infection Control, SCHR

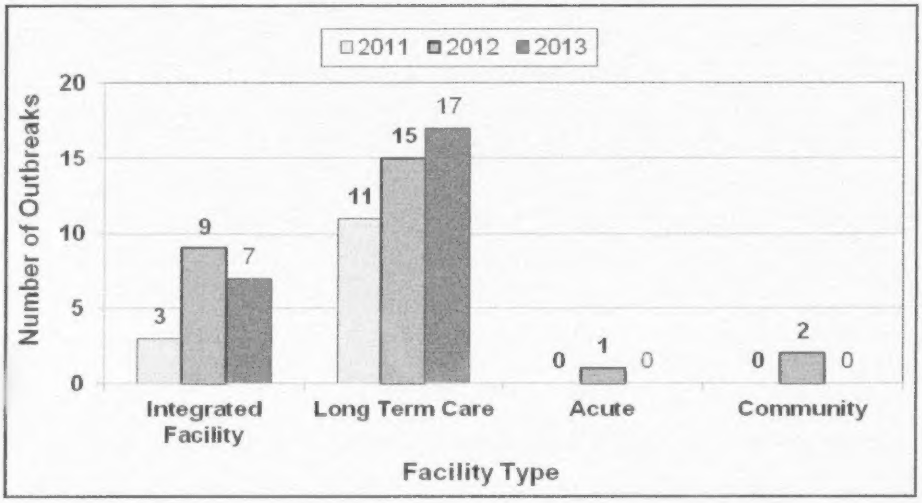


Figure 53: Frequency of Organism Identified in Respiratory Outbreaks, SCHR 2013
Source: Infection Control, SCHR

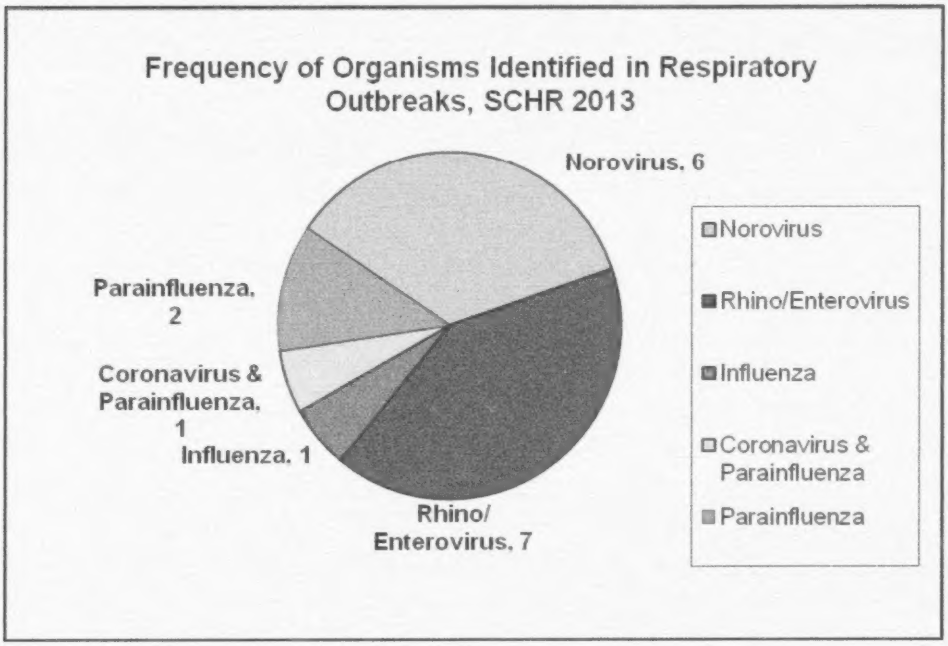


Table 21: Specific Parameters by Outbreak Type, 2013
Source: Infection Control, SCHR

Outbreak type	Enteric	Respiratory	Other
Duration – Range (days)	1-14	3-13	-
Duration – Average (days)	5	8.5	-
Total Cases – Range	2-43	3-27	-
Average Number of Cases/ Outbreak	13	12	-
Outbreak Related Deaths	1	0	-

Influenza Outbreaks (January 1, 2012 to December 31, 2012)

There were three Influenza A outbreaks in 2012.

Figure 54: Frequency of Organism Identified in Respiratory Outbreaks, SCHR 2012
Source: Infection Control SCHR.

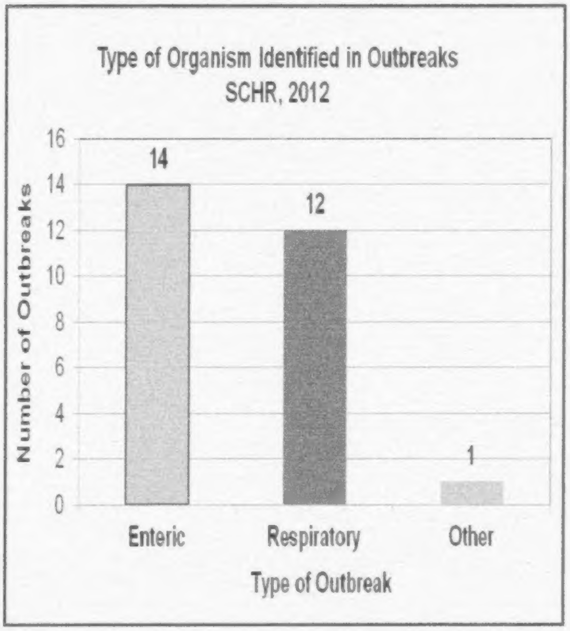


Figure 55: Frequency of Organism Identified in Respiratory Outbreaks, SCHR 2013
Source: Infection Control, SCHR

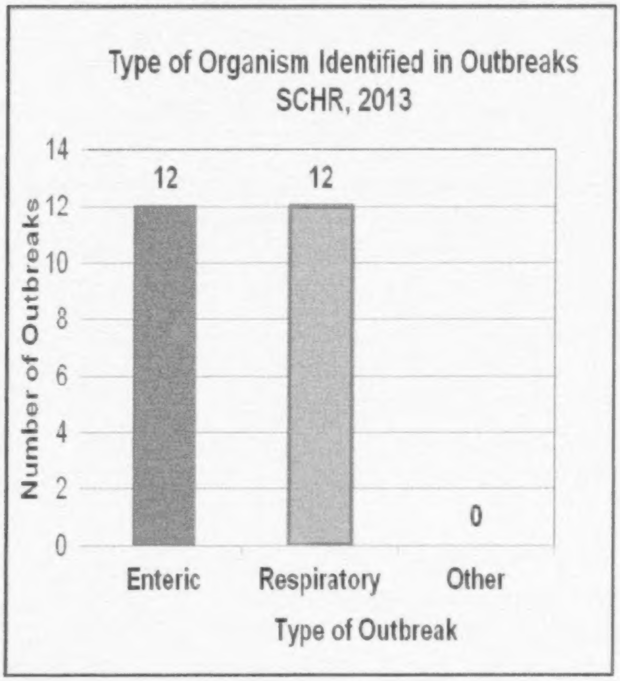
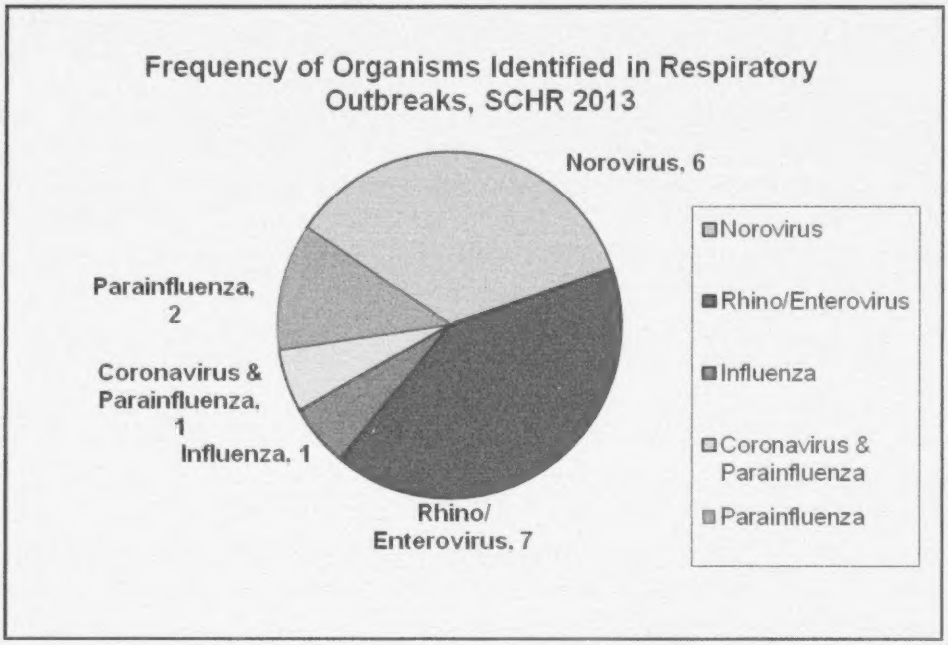


Figure 56: Frequency of Organism Identified in Respiratory Outbreaks, SCHR 2013
Source: Infection Control, SCHR



Progress in 2013-14

In strategic planning, **Strategy Deployment (Hoshin Kanri)** and **Lean** are powerful tools for managing an organization's direction or focus, setting targets and reaching goals.

Sun Country Health Region, along with the Ministry of Health and other stakeholders, have committed to a system-wide adoption of **Strategy Deployment (Hoshin Kanri)** as a first step in the implementation of a **Lean** system for Saskatchewan health care.

As part of the **Strategy Deployment (Hoshin Kanri)** process the following Triple Aim strategies that support the vision of a transformed health care system were developed. They are: **Better Health, Better Care, Better Value.** Critical to the success of this vision is a commitment to safe workplace and supporting patient and family-centred care that will enable the development of **Better Teams.**

These strategies focus on making improvements to the health of the population, individual care and financial sustainability, all in the context of value. The fourth aim is intended to strengthen the health care workforce to enable the changes required to improve the other three aims.

Also identified were three important foundational pieces related to the work:

1. Patient & Family Centred Care (from the Patient First Review)
2. Continuous Performance Improvement
3. Thinking and Acting as One System.

To continue the process of **Strategy Deployment (Hoshin Kanri)**, Sun Country Health Region, along with other health system leaders from Regional Health Authorities, Saskatchewan Cancer Agency, Health Quality Council, SAHO and the Ministry of Health identified three breakthrough priorities for transformation in 2013/14:

1. Improve access and connectivity in **Primary Health Care** innovation sites and use early learning to build foundational components for spread across the province.
2. Transform the patient experience through sooner, safer, smarter **surgical care**.
3. **Safety Culture:** Focus on Patient and Staff Safety.

The SCHR management team reviewed the breakthroughs and thought about what could be done in the next 12-18 months to support the achievement of these goals. The team identified nine projects.

The challenge is to focus time and effort on completing these nine projects and then integrate them across the Region.

Strategic Goals

Better Health

Improve population Health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health care safety.

Better Value

Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Hoshins

Better Health

Improve access and connectivity in Primary Health Care innovation sites and use early learning to build foundational components for spread across the province.

SCHR Projects

1. Dementia Care
2. Healthy Weights in Childhood
3. Stroke Strategy

Better Care

Transform the patient experience through sooner, safer, smarter surgical care.

SCHR Projects

4. Antimicrobial stewardship
5. Global Hand Hygiene
6. Injury Reduction
7. Medication Administration
8. Stop-the Line—Commitment to safety

Better Teams

SCHR Project

9. Physician recruitment and retention.

Hoshins

Better Health

1. Dementia care

The problem:

- There are few coordinated, integrated programs and services to support people in rural Saskatchewan who are living with dementia.
- Fifty per cent of people with dementia are living in their own homes.
- Dementia is under-diagnosed worldwide, even in high-income countries where only 20–50 per cent of cases are routinely recognized, resulting in lack of treatment, care, and support

Key Issues:

- Caregivers, both formal and informal, may not have knowledge and/or access of sufficient best practice education and skills to support clients with dementia.
- Lack of tools to identify early dementia.
- Lack of early dementia screening by primary care providers; which needs to be linked to other services/professionals.

Action:

- Regional Environmental scan completed and gaps identified.
- A Regional Dementia Advisor will link with other participating health regions and RaDar (provincial dementia strategy) on a five-year program of research focusing on community-based primary health care for individuals with dementia and their caregivers.
- Develop process to diagnose early to moderate dementia, including staff education on the process and linkage to supports.

Result:

This hoshin has enhanced the Region's ongoing partnerships to provide support to those living with dementia and their caregivers. Education programs will provide individuals with information about where to access services and to understand how to cope with dementia symptoms and acquire additional supports. These strategies and programs will also promote an understanding of ways to reduce the risk of developing dementia.

2. Healthy Weights in Childhood

The problem:

One of the Saskatchewan Premier's priorities (announced in 2012) is that there will be a five per cent decrease in the rate of overweight and obese children and youth by 2022.

A 2011 assessment of Body Mass Index (BMI) in just under 20 per cent of the four-year-old children attending Child Health Clinics in SCHR indicated that: 18 per cent are at risk for childhood obesity and 7.2 per cent are overweight or obese.

The per cent of overweight or obese youth (aged 12 - 17) in Saskatchewan reported by Canadian Community Health Survey (CCHS) from 2008 to 2011 ranged from 17.1 per cent to 22.9 per cent.. In 2010, the proportion of SCHR adults (18 years of age and older) identified as overweight (BMI = 25 to 29.99) was 35.4 per cent and 26.1 per cent were obese (BMI = 30 to 34.99). (Source: 2010 CCHS, Statistics Canada).

Children who become obese before the age of six are likely to be obese later in childhood and adolescence and have a 20-50 per cent increased risk of being obese as adults. High rates of obesity are associated with chronic diseases and increase the burden on the health system. It is estimated that the annual costs of obesity in Saskatchewan range from $100 million to $200 million.

Action:

- 50 staff participate in the Setting the Stage Telehealth sessions.
- 50 staff attend the Quality Summit 2014 Healthy Weights learning opportunity.
- 20 per cent of staff attending the Quality Summit 2014 will complete a questionnaire.
- 50 per cent of staff attending the Quality Summit 2014 that indicate interest in healthy eating will make an appointment for individual services with a dietitian.
- 100 per cent compliance with Nutrition Services policy for catering ordered from SCHR Nutrition Services.
- 100 per cent compliance with Nutrition Services policy for cafeteria menus.

Result:

All of the above targets were met. This hoshin was about engaging staff and changing attitudes and culture. It is a Population Health approach that takes years to cultivate.

3. Stroke Strategy – TIA (Transient Ischemic Attack) Pathway

The problem:

Patients presenting with symptoms of a TIA are not entered into a consistent assessment and risk stratification pathway. Consequently, some high risk patients are not receiving the appropriate investigations and management of their TIA, or TIA-like symptoms. The potential consequence for the patient is stroke and neurological deficit.

Result:

Eight known cases with symptoms of a TIA/Acute Stroke have come through SCHR during the study period. Seventy five per cent of the cases were triaged in a consistent manner and assessed using the TIA/STROKE Risk Stratification Pathway. Using the stroke bypass screening tool when applicable, followed by the stratification pathway and the Emergency Department Management of TIA/Acute Stroke assessment tool, the ABCD2 risk score was determined. Seventy five per cent of the cases had a risk score calculated showing that further investigation (referral to neurology and possible CT Scan) and appropriate treatment were provided according to the pathway/risk score. Early detection, investigation and treatment decreases the potential consequence for the patient experiencing long-term neurological deficits.

At the end of each case an audit was completed which showed that 62 per cent of the cases were managed as per better practice and that follow up was appropriate according to the risk score.

Some issues in one site will be addressed with further education in an upcoming telehealth conference. One of the root causes for incorrect procedure being followed was that old forms were still available to staff and being used rather than the new protocols.

Better Care

4. Antimicrobial Stewardship

The problem:

Antimicrobials (antibiotics, antiparasitics and antifungals) are being used inappropriately (without an appropriate indication, failing to select the drug of choice, using an antimicrobial at inadequate or excessive dosages or durations, and selecting or continuing treatment by the wrong route). Other contributing factors include no standard work on collecting specimen, prescribing antibacterials, and follow-up. This inappropriate medication usage leads to unwanted side effects, increased organism resistance, higher costs, prolonged or repeated hospitalization, and patient dissatisfaction.

- Antimicrobial Stewardship was presented as a Required Operational Practice for 2013-2014.

Action:

- Compliance of 75 per cent by December 2013 and 100 per cent by March 2014 for use of recommended prophylactic antibiotics for all surgeries.
- Compliance of 50 per cent by December 2013 and 75 per cent by March 2014 for treatment standardization of pneumonia for inpatients.
- Compliance of 50 per cent by December 2013 and 75 per cent by March 2014 for treatment standardization of cellulitis for outpatients in ambulatory care, including Home Care, and inpatients.

- Increase knowledge of appropriate intravenous (IV) to oral antibiotic conversion recommendations through education to both patients and staff and support provided to the medication management team as they review and update the current SCHR IV to oral conversion protocol educate, and disseminate.

Result:
This project was not completed on time and continues. At about the time the SCHR committee completed a new template for physician orders to admit a patient, the Ministry of Health decided on a standard provincial template for all physicians. It will mean all orders follow the same format to ensure consistency and that best current practice is followed. This put SCHR's final versions on hold.

The provincial committee hopes to have this process finished by the end of June 2014. SCHR expects to have the final drafts in the final approved format after that time.

5. Global Hand Hygiene

The problem:
In 2011-12 hand hygiene was identified by Sun Country Health Region as a priority project, as the compliance with hand hygiene standards was not consistently met by staff, physicians and patients. Although the current outcomes of the hand hygiene project are showing a positive impact with handwashing practices (currently 75 per cent compliance), sustaining target levels of compliance was not achieved.

- Hospital acquired infections are related to inadequate hand hygiene.
- The frequency and consistency of handwashing throughout the region varies greatly.

Action:
- 85 per cent of all staff audited for hand hygiene practices will be washing their hands according to the four points of care.
- All staff are empowered to stop the line if hand hygiene protocol is not being followed.

Result:
SCHR achieved all the milestones for the Hand Hygiene Hoshin for 2013-14, which involved implementation of standard hand hygiene at the five pilot sites. The highlights of this hoshin, aside from implementation of standard work included elimination of use of artificial nails, provision of an avenue for use of Stop the Line, encouragement of team work and empowerment of all categories of staff. It also brought to the forefront the need for hand hygiene and environmental cleaning as an important aspect of prevention of infections.

The Region now has a process that can be replicated throughout other facilities.

6. Injury Reduction

The problem:

The number of workplace injuries exceeds SCHR's 2017 goal of "Mission Zero" for workplace injuries. Workers who are not able to attend work affect patient care and health care costs. Injuries may result from any number of causes including lack of training, lack of compliance to regional policy, staff shortages, facility design, equipment and work environment. Despite a formal presentation program (TLR=transfer/lift/reposition) in place, injuries related to transfers, lifts and repositioning remain one of the highest causes of injuries in staff.

Action:

- Track number of work related occurrences by category by facility/ department/program.
- Decrease injuries related to back and shoulders by 25 per cent through audits and continuous education on proper TLR.
- Decrease the number of time lost injuries by 25 per cent from 2012-13 level.
- Integrate the 5-Why process for TLR-related injuries into daily work.
- Score of 75 per cent or greater on the safety management system audit.

Result

Regarding the 25 per cent reduction in the over-all accepted Workers Compensation Board (WCB) injury claims, SCHR was not able to meet this goal. The March 2014 year-to-date actual of 74 claims exceeded the March 2014 year-to-date goal of 66 claims. A number of claims occurred in 2013-14 and remain to be adjudicated by WCB. The Region is encouraged that the 74 claims year to date reflect an approx. 39.9 per cent reduction from the original 2012-13 baseline established by provincial guidelines for the same period.

Result:

Regarding the number of TLR-related WCB claims, SCHR did not achieve the reduction target of 50 per cent. SCHR's 2013-14 actual count was at 49 TLR-related injuries among 2,260 workers versus the 2013-14 target of 25.3 claims annually. Forty of these 49 actual claims occurred in nursing functions. The ultimate target is zero workplace injuries for 2017. SCHR initiated practices in 2013-14 that are intended to grow the safety culture among its workers. These initiatives include 5-Why training and implementation, TLR training during Orientation week provided to all new workers, data reporting and supervisory training in Occupational Health and Safety (OH&S). There is no provincial data to compare to SCHR's performance.

7. Medication Administration - Long Term Care

The problem:

Medication administration happens in high volumes in many services throughout the Region with frequent errors. Medication errors are high risk and one of the main issues as demonstrated in patient safety reports. Patients have adverse reaction to drugs that are not needed, duplication of therapy or conditions not treated and many of these events could be addressed through a quarterly medication review.

Nursing staff have developed many “workarounds” regarding medication administration resulting in inconsistent following of best practice standards in administration as noted by Accreditation Canada.

Action:

All nursing staff will follow the Gold Standard of medication administration resulting in a reduction of medication errors by 50 per cent or greater.

Result

The hoshin committee looked at the errors, did various audits but came back to the basic problem of "workarounds." To address this issue, members developed a self evaluation questionnaire to see what kind of workarounds staff were using, then held an on-line training session to teach the basics or 7Rs of medication administration: 1) Right Drug, 2) Right Dose, 3) Right Time, 4) Right Route, 5) Right Patient (Client, Resident), 6) Right Reason (for taking the medication), 7) Right Documentation.

Every nurse within Weyburn Special Care Home and Tatagwa View saw this course. A measuring tool was created to evaluate the next quarter (April-June 2014) and compare the results to January-March 2014 to see if further training is required.

A calendar and rotating review was developed so the three month medication review for all long term care residents is being done according to best practice. With this system, everybody met the requirements.

8. Stop the Line - Commitment to Safety

The problem:

The current SCHR patient safety “system” does not foster a Stop The Line driving safety culture, in which staff members and patients/families always feel supported in immediately detecting and reporting unsafe situations, incidents, and errors. The recent patient safety culture survey (2011) results indicate that SCHR staff believe that errors often go unreported and there is no “reward” for taking quick action to identify a serious mistake. Patient safety research has shown that the vast majority of health care errors are unreported.

Action:

- Increase near misses by 50 per cent.
- Reduce critical incidents by 50 per cent.
- Increase reporting of near misses / good catches by five per cent.
- Reduce code 2, 3, 4 incidents by 50 per cent.

- Increase patient safety reporting by 25 per cent by June 2013 in the Pilot site and in the Region by 25 per cent by December 2013.

Result:

- Established a performance measure of good catches as a percentage of incidents (target is 12 per cent per month)
- Identified organizational readiness and training as necessary for sites before Stop the Line is introduced making establishing access to team building, communication and conflict resolution education.
- Developed a Stop the Line tool kit including Good Catch labels, Stop the Line poster and Critical Incident policy focusing on leadership responsiveness.
- Established Safety Huddles to coincide with site practice (i.e. held end of day or at 9:30 a.m.)
- Two pilot sites, one held at Bengough Health Centre and the other at Midale Mainprize Manor, provided lessons for a transition plan.
- Interdisciplinary team at each pilot site promoted Stop the Line, emphasizing the need for all staff to recognize safety and gain confidence to stop a defective process or recognize a potential hazard before an incident occurs.
- The hoshin established a good foundation that can be shared across the region and benefit the province. The goal eventually is to eliminate the occurrence of critical Incidents, staff injuries and patient errors. Stop the Line is a great step toward achieving those objectives.

Table 22: Stop the Line - Summary of Key Measures, 2013-2014

9. Physician recruitment and retention

The problem:

SCHR has 50 per cent fewer family physicians than it needs, creating disruptions in service, limiting patient access to primary care practitioners, and putting pressure on remaining physicians. The physician recruitment process in Saskatchewan is long, complex, constantly changing, and has challenges outside of SCHR's control.

This can lead to inefficiencies, lack of coordination, logistical challenges, confusion, frustration, and inhibited relations amongst stakeholders, which can cause SCHR to lose candidates or delay placements. There is a perception that communities do not understand their role and responsibilities regarding physician recruitment and retention. SCHR has minimal access to University of Saskatchewan medical students.

Actions:

- Improve annual retention rate of physicians to 75 per cent.
- Recruit physicians to vacant practices.
- Establish a marketing program at the University of Saskatchewan.
- Increase community understanding of the recruitment process and roles/ responsibilities.

Result:

This hoshin contributed to improved access to family physicians and fewer disruptions in service for the population of SCHR. The Region exceeded its goal of filling eight physician vacancies in 2013-14, hiring 13 family physicians, and filling crucial vacancies in several rural communities of southeast Saskatchewan. Rural communities benefitting from the services of new doctors include Kipling, Carlyle, Redvers, Arcola, Oxbow, Estevan and Weyburn. SCHR ensured maximization of available SIPPA seats to take advantage of the availability of foreign-trained candidates and established a marketing program targeted to Saskatchewan medical students/residents to aid in access to locally trained candidates.

In addition, education and engagement of SCHR community stakeholders has led to more awareness of the recruitment and retention process and associated roles/ responsibilities, and has resulted in increased community participation in recruitment and retention activities. Continued success is expected through the sustained and adjusted efforts of these and other initiatives as the physician recruitment and retention landscape continues to evolve.

During the same period, three physicians in SCHR left their practice, an improvement over seven in the previous year.

Daily Work

Better Health

Infection Prevention and Control

The Sun Country Health Region Infection Prevention and Control program focuses on reducing the risk of transmission of infectious agents to staff, clients, volunteers, visitors, students, physicians, licensed independent practitioners, and the public. The Infection Prevention and Control (IPC) program also aims to reduce the risks for infections related to the use of devices and procedures performed during the provision of care to patients and residents.

Surgical Site Infections

Accreditation Canada requires health organizations to track surgical site infections for procedures based on the highest risk, the highest volume, or both. The recommended procedures for surveillance in SCHR include hysterectomy and caesarean section surgeries. See Tables 23 and 24.

Table 23: SCHR Selected Surgical Site Infections – SJH and WGH, 2009-2013
Source: Infection Control, SCHR

St. Joseph's Hospital (SJH), Estevan, and Weyburn General Hospital (WGH)
Hysterectomy and Caesarean Section SSI Rates per 100 Surgeries
2009-2013

	Hysterectomy		**Caesarean Section**	
	SJH	**WGH**	**SJH**	**WGH**
2013	0	N/A	0	N/A
2012	0	15.4/100	2.6/100	N/A
2011	0	11.8/100	0	N/A
2010	0	14.2/100	4.5/100	0
2009	0	15.8/100	3.6/100	0

St. Joseph's Hospital - surgical site infections for all surgeries reported at SJH from 2009 to 2013:

- **2013 – A total of 382 surgeries were performed with 1 reported infection for a rate of 0.3 per 100 procedures.**
- **2012 – A total of 281 surgeries were performed with 2 reported infections for a rate of 0.7 per 100 procedures.**
- **2011 – A total of 306 surgeries were performed with 0 reported infections for a rate of 0 per 100 procedures.**
- **2010 – A total of 310 surgeries were performed with 2 reported infections for a rate of 0.6 per 100 procedures.**
- **2009 – A total of 364 surgeries were performed with 3 reported infections for a rate of 0.8 per 100 procedures.**

Weyburn General Hospital - surgical site infections for all surgeries reported at WGH from 2009 to 2013:

- **2013 – A total of 297 surgeries were performed with no reported infections.**
- **2012 – A total of 486 surgeries were performed with 2 reported infections for a rate of 0.4 per 100 procedures.**
- **2011 – A total of 358 surgeries were performed with 4 reported infections for a rate of 1.1 per 100 procedures.**
- **2010 – A total of 382 surgeries were performed with 4 reported infections for a rate of 1.0 per 100 procedures.**
- **2009 – A total of 346 surgeries were performed with 6 reported infections for a rate of 1.7 per 100 procedures.**

Table 24: SCHR Selected Surgical Site Infections – SJH and WGH, 2009-2013

Source: Infection Control, SCHR

SunCountry HEALTH REGION

Sun Country Health Region
St Joseph's Hospital
Year: 2013
SURGICAL SITE INFECTIONS

Green On Track
Yellow Potential Concern
Red Confirmed Concern

Type of Surgical Procedure	Risk Index Category	Number of Surgical Procedures	Number of Surgical Site Infections	SSI Rate (per 100 Operations)	SCHR Benchmark* 4 year average (per 100 operations)	CDC National Benchmark** (per 100 Operations)
Cesarean Section	0-3	13	0	0	2.69	1.46-3.82
Total Abdominal Hysterectomy	0-3	3	0	0	12.66	1.1-4.05
Vaginal Hysterectomy	0-3	1	0	0	0	0.73-1.16
Total Class 1 Surgeries	0-3	85	1	1.18	0.2	1-5 %
Total Class 2 Surgeries	0-3	273	0	0	0.7	

*SCHR Benchmark is the 4 year average for 2009 - 2012

**National Benchmark Rate was taken from the CDC NHSN Report 2006-2008

SunCountry HEALTH REGION

Sun Country Health Region
Weyburn General Hospital
Year: 2013
SURGICAL SITE INFECTIONS

Green On Track
Yellow Potential Concern
Red Confirmed Concern

Type of Surgical Procedure	Risk Index Category	Number of Surgical Procedures	Number of Surgical Site Infections	SSI Rate (per 100 Operations)	SCHR Benchmark* 4 year average (per 100 operations)	CDC National Benchmark** (per 100 Operations)
Cesarean Section	0-3	0	0	0	2.69	1.46-3.82
Total Abdominal Hysterectomy	0-3	0	0	0.00	12.66	1.1-4.05
Vaginal Hysterectomy	0-3	0	0	0	0	0.73-1.16
Total Class 1 Surgeries	0-3	61	0	0.00	0.2	1-5 %
Total Class 2 Surgeries	0-3	229	0	0	0.7	

*SCHR Benchmark is the 4 year average for 2009 - 2012

**National Benchmark Rate was taken from the CDC NHSN Report 2006-2008

Dental Program

- The Community Health Clinic Dental Health program provides a fluoride varnish program in Weyburn and Estevan and a periodical walk-in clinic in Carlyle.
- Fluoride varnish clinics are also organized for day care centres, which include follow-up appointments, emergency situations and information display.
- All 44 schools in SCHR undergo screening for dental issues as part of the Oral Standards of Care program initiated by the Ministry of Health.
- Nineteen schools took part in the Enhanced Dental Program also initiated by the Ministry of Health.
- Twenty seven schools were visited and provided with varnish services in 2013/2014.
- Prenatal class and diabetes clinic information is also provided as and when requested.
- Education is provided to health care aides in long term care training.

Lymphedema Program

SCHR began providing services to lymphedema patients in September, 2013.

The Therapies Department has a therapist trained to use Combined Decongestive Therapy to decrease the symptoms of lymphedema. This process includes manual lymph drainage, compression therapy, education, exercise and skin care. A wait list has built up. A second pump will be set up in Estevan to eliminate the need to drive to Weyburn.

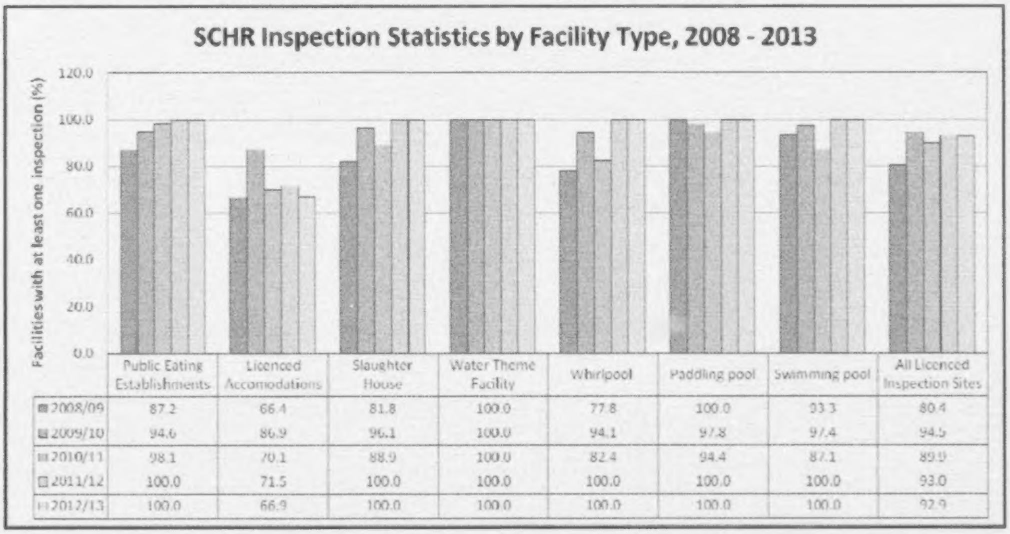
Health Protection

Table 25: Sun Country Health Region Inspection Statistics April 1/2012 - March 31/2013
Source: Public Health Inspection Unit

Inspection Sites	# of Premises open	Total # of Inspections	# of Premises with minimum of one Inspection	% of Premises with minimum of one Inspection	2012/2013 % rate	% increase from 12/13
Public Eating Establishments	367	441	367	100.0	100.0	0.0
Licenced Accommodations	152	156	139	91.4	66.9	24.5
Slaughter House	8	9	8	100.0	100.0	0.0
Water Theme Facility	1	10	1	100.0	100.0	0.0
Whirlpool	19	40	19	100.0	100.0	0.0
Paddling pool	19	28	19	100.0	100.0	0.0
Swimming pool	31	62	31	100.0	100.0	0.0
Public Water (PW) Supply	85	88	85	100.0	100.0	0.0
All Licenced Inspection Sites	682	834	669	98.1	92.9	5.2

Of all licensed facilities 92.9 per cent had at lease one inspection between April, 2012 and March, 2013 which results in a slight decrease of 0.1 per cent from the previous year.

Figure 57: Inspection Statistics by Facility Type, 2008-2013



	Public Eating Establishments	Licenced Accomodations	Slaughter House	Water Theme Facility	Whirlpool	Paddling pool	Swimming pool	All Licenced Inspection Sites
2008/09	87.2	66.4	81.8	100.0	77.8	100.0	93.3	80.4
2009/10	94.6	86.9	96.1	100.0	94.1	97.8	97.4	94.5
2010/11	98.1	70.1	88.9	100.0	82.4	94.4	87.1	89.9
2011/12	100.0	71.5	100.0	100.0	100.0	100.0	100.0	93.0
2012/13	100.0	66.9	100.0	100.0	100.0	100.0	100.0	92.9

Source: Public Health Inspection Office, SCHR

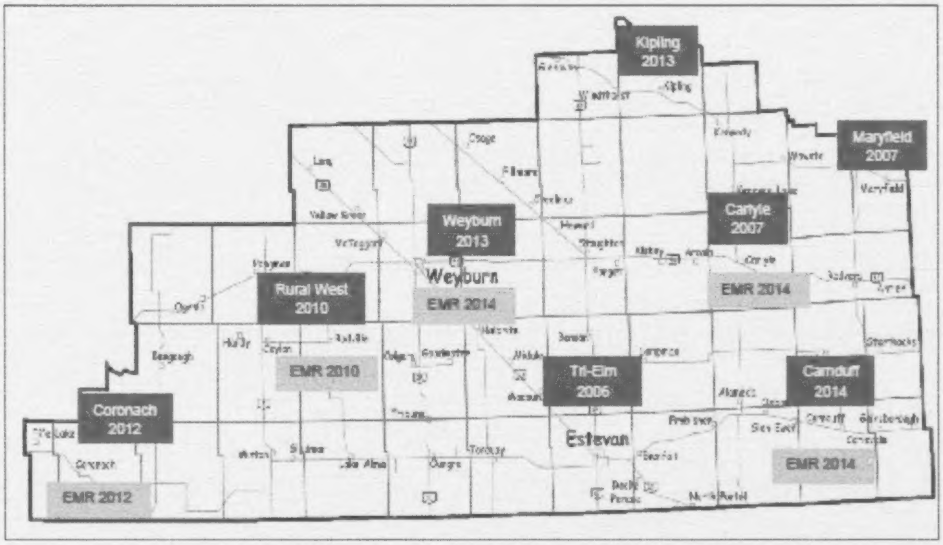
Better Care

Primary Health

Primary Health Care teams are working together to increase access to residents of Sun Country Health Region. The target is to increase and connect patients to Primary Health teams.

New Primary Health Care Teams in SCHR include the communities of Carnduff, Kipling and Weyburn. These collaborative practice sites join the existing teams of Tri-ELM (Estevan, Lampman, Midale), Rural West (Bengough, Radville, Pangman), Carlyle, Maryfield, and Coronach.

Figure 58: Primary Health Care Teams in SCHR



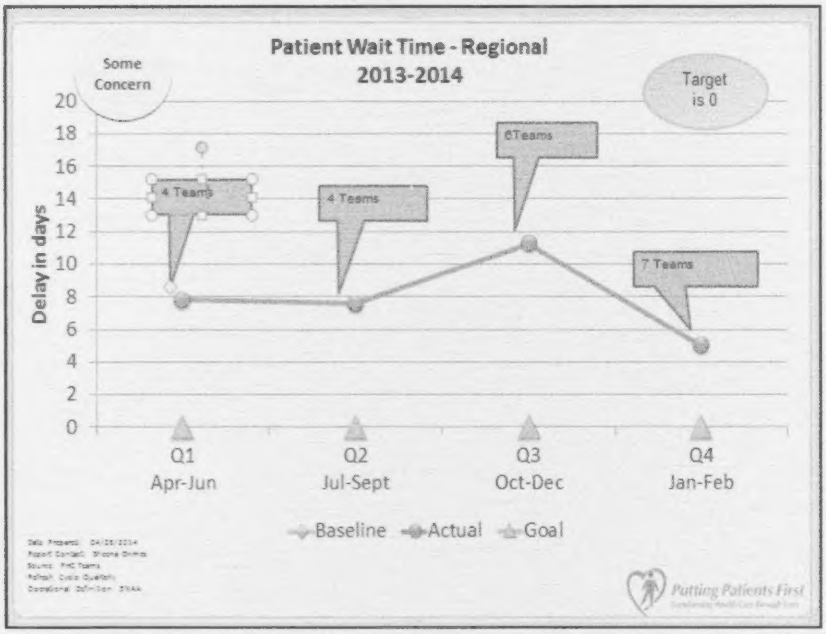
One key element of progress was the change in patient charting from paper to electronic. Primary Health Care sites across Sun Country Health Region are now experiencing the benefits of Electronic Record Technology.

An Electronic Medical Record (EMR) securely stores and retrieves medical information, enabling health care providers to have quick and safe access to their patient's personal health information. In 2012, Rural West (Bengough, Radville and Pangman) became the first Primary Health Care site in the Region to implement Med Access. Coronach became the second, going live in November 2013. The communities of Weyburn, Carlyle, and Carnduff recently began to experience the many benefits of the new technology.

Plans for further implementation for the PHC sites in Lampman, Midale and Kipling will continue with the goal of completing all sites in 2014. All team members can access patient charts, ensuring patient information is updated and accessible by all who participate in the patient's circle of care.

Another regional target will reduce the wait time for patients seeking access to team members. Primary Health Care teams continue to track and improve the time it takes for patients to access the care they need. SCHR intends to improve the percentage of patients who say "I can see my PHC team on my day of choice in either person, on the phone or via other technology."

Figure 59: Patient Wait Time - Regional, 2013-2014



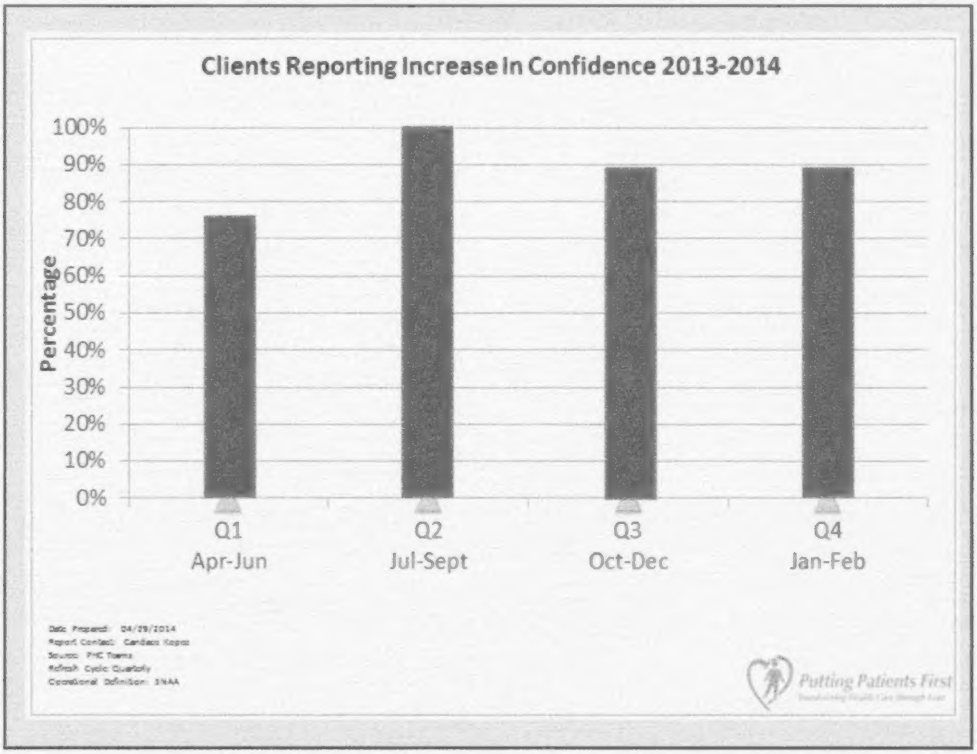
Chronic disease management programs have been established across the Region. Provincially, Primary Health targets people with chronic conditions through program development that helps patients experiencing six conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disorder, Depression, Congestive Heart Failure and Asthma).

SCHR staff members have established chronic disease clinics for Chronic Obstructive Pulmonary Disorder, Diabetes, Depression, Vascular, Chronic Kidney Disease. These clinics are offered by team members from various disciplines including Therapies, Mental Health & Addictions and Public Health,

Physicians, Nurse Practitioners, Dietitians, Chronic Disease Educators, Pharmacists and Home Care are all members of the team who provide a collaborative or team-based approach to treating illness and staying healthy. The programs are designed to improve people's capacity to self-manage their chronic condition through development of action plans to enhance their quality of life.

Figure 61 below indicates the percentage of clients with a chronic condition who feel confident in managing their own condition, after participating in a Chronic Disease Management Program.

Figure 60: Clients Reporting Increase in Confidence After Participating in a Chronic Disease Management Program, 2013-2014



Parent Mentoring Program

The Parent Mentoring Program provided services to 14 families who had 28 children in total during 2013-2014. In 2012, 18 families and 36 children in nine communities were served.

- Families are categorized into moderate, higher or highest psychosocial risk.
- The program addresses a wide range of family issues which include post partum depression, behavior issues, affordable housing, etc.
- Volunteer mentors are recruited and trained as and when available.
- Different strategies are used to promote the program which includes the use of audio visuals, posters, pamphlets and visibility boards.
- The Parent Mentoring program obtained community grants to fund groups, purchase and distribute resources, conduct presentations, plan and organize events.

Patient and Patient Family Comments About Their Telehealth Experience

I cannot thank you enough for setting up the telehealth conference for me with my oncologist Dr. Salim on Dec. 2. There were weather warnings out that day and my daughter had the flu and could not come near me. I would have had to miss my appointment to see the doctor and therefore delay my chemo treatment. This would have been very upsetting for me and my family.

The telehealth conference was an answer to my prayers. It was like being face to face with the doctor. I could ask him questions and talk to him about my condition. I will be having my second telehealth conference on December 23. I appreciate so much not having to travel to Regina these times, especially in winter as there are many trips ahead of me that I will have to go to the city and this helps cut down on them.

Marlene Dumonceaux
Kipling, SK

I recently heard that there has been discussion about cutting back on the current usage of the telehealth program. I would like to say how much this program has benefited our family. Our son has had significant health problems since birth, and through the course of his illness we have literally put tens of thousands of kilometres on get him the care he has needed.

We regularly have appointments with his pediatric neurologist through telehealth, as the nearest ones are in either Saskatoon or Winnipeg. With every telehealth appointment we literally avoid over 800 kilometres worth of travelling. With all his medical problems my son has difficulty in school and also struggles with significant fatigue. Telehealth makes is so that he does not get run down with travel and staying in a strange place overnight. As well he avoids missing two days of school.

As a parent, I only need to take an hour off work rather than two full days and can avoid the stress of travelling in our sometimes iinclement weather. I also do not have to arrange child care for our other child for the duration of our time away.

We are very thankful for what telehealth has done to make our lives easier. Living in rural Saskatchewan and having a chronically ill child, we must already travel to the city to receive pediatric physical therapy, occupational therapy and multiple other disciplines, so any time we can avoid traveling is a huge benefit for us.

Trina Beaudoin
Kipling, SK
Mom to Brandon, pediatric stroke survivor.

Improving Patient Safety and Patient Experience

The Canadian Adverse Events Study, published in 2004, estimated that 7.5 per cent of patients admitted to hospital experience one or more adverse events and that 36.9 per cent of these events were judged to be highly preventable. Since this study, there has been an increased awareness, among health care systems and organizations, to look at processes and make improvements.

Sun Country Health Region is working to improve the safety and quality of the care provided. The following are objectives of the patient safety portfolio:

- Define safety accountabilities of individuals, teams and committees.
- Encourage and facilitate learning from adverse events and critical incidents.
- Organize and support education opportunities for staff about client safety.
- Encourage and facilitate family involvement and disclosure of adverse events to family and to reduce the chance of harm to patients in the future.
- Coordinate patient safety initiatives for 2013/2014 based on an assessment of patient safety issues and reflected in the SCHR Strategic Implementation Plan.
- Support the development of a Patient and Family Centred Care culture.

Patient Safety Reporting

Through the Patient Safety Reporting System, adverse events are identified and reviewed to highlight themes and take action.

Sun Country Health Region requires its employees to complete a Patient Safety Report when a potential (good catch/near miss) or actual adverse event occurs. The reports are analyzed and the findings are shared with staff, the Regional Health Authority and at various Quality of Care Improvement (CQI) team meeting throughout the year.

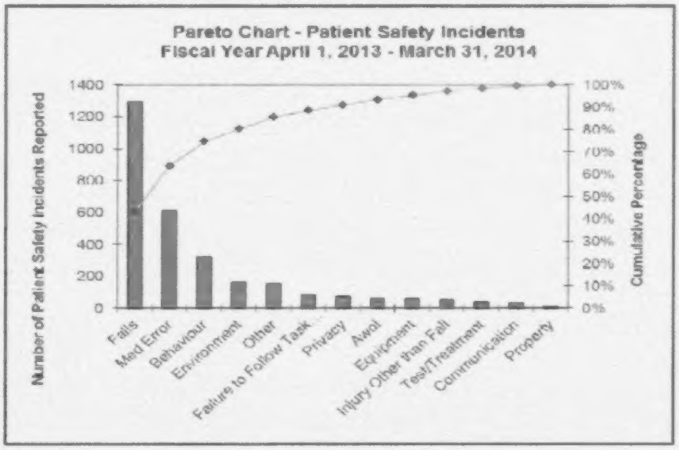


Figure 61: Patient Safety Incidents April 1, 2013-March 31, 2014

There were 3,063 patient safety incidents reported from April 1, 2013 to March 31, 2014. The most commonly reported patient safety incidents are falls, medication errors, and abusive/aggressive behavior. Together these top three types of incidents account for 78 per cent of all incidents reported.

Critical Incident Reporting

A critical incident is defined as:

- A serious, undesirable and unexpected health event including but not limited to the actual or potential loss of life, limb or function.
- Critical incidents may involve acts of commission (i.e. administration of the wrong medication) or omission (i.e. failure to institute a recommended therapeutic intervention) and are related to problems in practice, products, procedures and/or other aspects of the system.
- Critical incidents are sometimes referred to as Sentinel Events or Never Events.

During 2013/2014, 10 critical incidents were reported. Each critical incident is reported to the Ministry of Health. Once notified, the Vice President or Senior Manager on call or CEO will arrange for a visit/conference call to the site to happen within 48 hours. A case review with all involved will be held within 14 days to identify root causes and make recommendations. Patient and/or family are invited to attend the review as a team member. A weekly review is held at Leadership Meetings until all recommendations are implemented. Recommendations are then shared with the SCRHA. The SCRHA will review and decide if the recommendations are adequate to ensure that the incident will not happen again.

Communication

The CQI department prepares and distributes a bi-monthly report to staff. The report contains summaries of concerns that have been brought forward by the public, Patient Safety Occurrence Reports, patient safety/quality improvement initiatives, Critical Incidents, and Issue Alerts.

A quarterly summary report is also prepared and submitted to the SCRHA. The quarterly report also contains summaries of patient safety occurrence reports, patient safety/quality improvement initiatives, critical incidents, and issue alerts. Number and type of incident are reported by code (level of severity) and compared to numbers from previous quarters and years. Number and type of concerns are also reported, and the volume is compared to previous years.

Patient Safety Initiatives

The SCHR Patient Safety Committee and CQI Teams develop standards/policies, monitor compliance, evaluate, and make recommendations to assist with the implementation of programs and projects to address issues of safety and quality. Examples of the priority projects identified and reviewed through patient safety are:

- Hand Hygiene
- Infection Control
- Fall Prevention
- Patient Experience
- Medication Reconciliation
- Medication Administration
- Patient Safety Occurrence Reporting
- Mistake Proofing
- Failure Modes Effect Analysis
- Stop the Line

Concerns about care from the public

During 2013/2014, a total of 247 concerns were received. This is slightly lower than the number received last fiscal year (267). There were 235 client contacts. The number of client concerns is higher than the number of contacts as some clients expressed more than one significant concern.

The average turnaround time to resolve all concerns is 7.6 days. 92 per cent of the concerns were resolved in less than 30 days. The remaining eight per cent of the concerns took over 30 days to resolve, with the average turnaround time of 48 days. These are typically complex concerns that require input from other disciplines and often other health regions.

Patient and Family Centred Care (PFCC)

In March 2012, SCRHA approved a five year implementation plan for PFCC. PFCC is an approach to system design and providing care that requires collaboration with patients and families as participants not only in their care but also in the design of the system that delivers their care. PFCC is working with patients and their families, not doing to and for them. The following objectives were incorporated in this five year plan:

- Assign resources to PFCC before September 1, 2012 (complete)
- Train 100% of staff in basic PFCC concepts before March 31, 2017
- Establish a Patient and Family Advisory Council (PFAC) before June 2012 (complete)
- Initiate the sharing of patient and families stories at RHA meetings before March 31, 2012 (complete)
- Develop a communication plan in collaboration with Communication Coordinator and PFCC before March 31, 2013
- Update It's Safe to Ask brochure before Mary 31, 2014 (complete)
- Assign a patient/family representative to each strategic improvement initiative (hoshin) before March 31, 2014 (complete)
- Utilize PFCC measures on all visibility walls before September 30, 2012.

KPO

SCHR's Kaizen Promotion Office (KPO) now has had more then one full year behind it since its establishment in Fall 2012. Development during 2014-15:

- Deployment of the Hoshin Kanri initiatives took place in March of 2014 with 356 staff members attending a 30-minute education session. The presentation provided an overview of the projects SCHR will focus on in the upcoming year.
- Every facility in SCHR now has a Hoshin Visibility Wall to display these important initiatives. Staff huddles at the Hoshin Visibility Wall are held in each facility to generate conversations and explain what is happening and what we are doing to achieve the Region's goals.
- One member of the KPO is assigned to each of the 12 Continuous Quality Improvement (CQI) Teams in the Region. The KPO support person provides education on lean methodologies and facilitates work on improvement projects.
- From April 2013 to March 2014, 592 staff were trained in Kaizen Basics.

- In January 2014, 13 managers received advanced Lean management training at a two-day Flight 201 course.
- SCHR hosted a Rapid Process Improvement Workshop (RPIW) in January 2014 at St. Hospital in Estevan.
- SCHR hosted a 5S Train-the-Trainer workshop. Forty-five people from around the province, as well as SCHR staff, were trained in 5S (a strategy for organizing the workplace to minimize waste and improve productivity).

The training took place at eight different Gembas (workplaces).

Table 26: 5S Train-the Trainer Workshop Summary

Team	Quality/Safety Defects	Pre 5s	Final	Percent Change
Team #1: Materials Management – Central Stores	Shelves not secured Tripping hazards Expired supplies Supplies stacked too high Supplies in walking area	15	0	100%
Team #2: Materials Management – Shipping and Receiving	Carrying boxes down aisles	1	0	100%
Team #3: Weyburn General Hospital Emergency Room	Leaving emergency room to retrieve medications Leaving emergency room to retrieve supplies	5 5	5 0	0% 100%
Team #4: Weyburn General Hospital Pharmacy	Excess Cords/chairs in back room Fire extinguisher not accessible Location of medication shipping boxes Location of medication cart Location of fridge Expired syringes	127	0	100%
Team #5: Weyburn General Hospital Pharmacy – IV Storage	IV storage	100	0	100%
Team #6: Weyburn General Hospital Treatment Room	Exposed suction device Patient information left in room Expired supplies	3	0	100%
Team #7: Weyburn Special Care Home Medication Cart	Expired medications Contaminated supplies Used supplies	4	0	100%
Team #8: Weyburn Special Care Home Medication Room	Expired supplies Exposed sharps	21	0	100%

Telehealth

Telehealth has been used for numerous events for both staff and the general public in partnerships with nonprofit groups, the Ministry of Health and other Health Regions, Multiple Sclerosis Society of Canada, Arthritis Society, Diabetes Association, Alzheimer's Society, Lung Association, Parkinson's Society, Huntington's Society and the Heart & Stroke Foundation have provided health information to those affected.

The Ministry and Health Regions have partnered to provide targeted specific education for clients in group sessions, saving provider's time while allowing group members to share stories and learn from each other.

Patients of the Allan Blair Cancer Centre are very appreciative of the physicians who are using telehealth to eliminate many miles and dollars and allow them to avoid highways in poor weather conditions. A highlight for the public this year was the ability of friends, families and workers of children with autism to attend the national, two-day conference held live in British Columbia via telehealth.

In 2013/2014, telehealth held 647 administrative sessions, 1,940 clinical sessions and 2,691 learning sessions.

Southeast Regional Intersectoral Committee (RIC)

The Southeast RIC continues to focus on "Strengthening the Early Years" for children's development. The RIC has focused on disseminating the information collected from the Early Development Instrument (EDI) data, and continues to provide "Data to Action" presentations to each of the 27 study areas. The presentations were tailored to inform each study area of their specific data, and to invite and encourage problem solving and planning in each of these areas on how to utilize the data to best support communities to strengthen the services in place for families with children 0 – 5 years, such as summer programs.

The RIC will also continue to work with its valued partners in initiatives such as the HUB, in efforts to enhance community mobilization in addressing community safety and wellness issues.

SCHR continues to progress on the process to provide a HUB within SCHR for Estevan and Weyburn for those at elevated risk. Additionally, the HUB will serve to identify gaps and the need for longer term solutions as identified by the team. The HUB will be based on what the Prince Albert model has established and is now being duplicated in Yorkton and Moose Jaw. The "Building Partners to Reduce Crime" Document provides detailed information on the HUB model and can be found at Google - Building Partnerships to Reduce Crime, www.hss.gov.yk.ca.

Better Teams

Physician Recruitment and Retention

SCHR recognizes the importance of physicians to the health of the Region's population and continues to make physician recruitment and retention a priority. Limited supply and high demand for physicians puts considerable pressure on the Region's ability to both attract and retain them.

SCHR continues to search both domestically and internationally for physicians. SCHR partnered with saskdocs and the College of Physicians and Surgeons to identify physician candidates and place them into the Saskatchewan International Physician Practice Assessment (SIPPA) program – a program designed to qualify foreign-trained physicians for practice in Saskatchewan. In these efforts, the Region worked collaboratively with current physicians and community representatives to attract and retain physician candidates to our communities.

SCHR continues to utilize other proven recruitment and retention initiatives, including: recruitment via social media methods; advertisements on websites and targeted media forums; the use of temporary physician locums to assist when there is a need to back-fill vacancies and service gaps; educational forums to improve stakeholder awareness and knowledge of physician recruitment and retention; and, community tours for medical students and residents.

Surveys conducted by the Physician Recruitment Agency of Saskatchewan (PRAS) in 2012 indicate that family, location/lack of amenities and work-life balance are the primary reasons that physicians leave a practice.

SCHR provided financial bursaries to three medical students with a return of service provision. Also, our regional physicians provided continuous support in providing sponsorship of medical students (who require clinical/experience placements) in required medical education programs, such as the community experience program (for first year medical students), junior undergraduate rotating student intern (JURSI) program (for second year students), the Physician Rural Externship Program (PREP) and, the six-week Residency Program (for post-graduate residents).

Sun Country Health Region Student Bursary Program

From April 1, 2013 to March 31, 2014 SCHR awarded 65 bursaries to students in post secondary training for health care positions which are deemed "difficult-to-fill." Bursary recipients included health care students in the following programs: 55 in registered nursing/registered psychiatric nursing, one in the nurse practitioner program, one in the physical therapy program, one in the occupational therapy program, two in the primary care paramedic program, two in the advanced care paramedic program; three in the EMR program, and, three in medical program at the University of Saskatchewan.

In return for a bursary, recipients agree to complete a return of service to SCHR. For example, of the 27 registered nurses hired by SCHR in 2013-14, 11 (or 40 per cent of our registered nurse new hires) received a SCHR student bursary and are in the process of meeting the return of service obligations.

Sick Leave

Despite that the utilization of sick leave hours in 2013-14 exceeded SCHR budget, 2013-14 performance saw a decrease in utilization by staff by 17.86 per cent as compared to 2012-13. In addition, according to data provided, utilization of sick leave by SCHR workers is approximately 13 per cent below the provincial average. Excessive sick leave usage impacts SCHR finances, productivity and if replacements are not available, may impact the quality of service provided to residents/patients and clients.

Wage Driven Premium Hours

The wage premiums for unionized workers, such as overtime and call back, paid to workers in 2013-14 has increased by 14.4 per cent from the previous year. Over-all, SCHR pays less premium pay than most other individual health regions in Saskatchewan and in 2013-14 remains approximately 23 per cent lower than the provincial average. Premium pay is provided according to collective agreements where workers are required to work additional hours as there is no other available worker available to work at regular wage rates. Worker illness, workers on vacation (or other leaves), lack of relief workers, gastrointestinal and respiratory outbreaks all contribute to the need to pay overtime premium pay to workers. In other cases, the general nature of the work contributes to additional overtime. An example of this is an Emergency Medical Services (EMS) worker who completes a patient transfer from a SCHR facility to a tertiary centre.

Employee Engagement Survey

An Employee Engagement Survey was initiated in January and February of the 2013-14 financial year. Three separate surveys were implemented and focused on obtaining feedback from SCHR targeted groups including physicians, leadership team and staff on matters such as organizational vision, policies, work environment and culture, teamwork, opportunities for professional growth and customer or patient/client interaction. SCHR will use the released data in 2014-15 to obtain further detailed feedback and from that information implement organizational improvements. The survey was conducted by an outside and independent research company.

Better Value

Information Systems

The Information Systems department is moving toward a next generation upgrade, preparing for increasing data and capability to analyze information. The Corporate Services Division also began a multi-year plan to upgrade and replace phone systems that are no longer supported.

Long term care facilities replacement project

Sun Country Health Region has been building three new long term care/integrated facilities in the Region; a new wing in Redvers, a new integrated facility in Radville and another new integrated facility in Kipling.

In October, the Region celebrated the completion of the new 24 bed long-term care wing at the Redvers Health Centre. The wing provides a modern spacious home-like setting for residents in Redvers and area.

A new Radville Marian Health Centre was under construction during 2013-14 with a revised completion in the Spring of 2014. Residents are expected to move in during July.

Kipling Integrated Health Centre began construction in the Spring of 2013 and remains on schedule for completion in December 2014.

New Laboratory Information Systems

SCHR Laboratory Services has completed the implementation of the laboratory information system (LIS) for the St. Joseph's Hospital Laboratory. Results from this laboratory are now included in the Saskatchewan Laboratory Result Repository (SLRR) and are available in the care providers Electronic Medical Record (EMR).

The Region is still on schedule to implement LIS in Galloway, Arcola, and Kipling health centres. It is expected to be completed in July 2014.

Shared Services

Health Shared Services Saskatchewan (3sHealth) was established in 2012 through a partnership between the health regions and Saskatchewan Cancer Agency (SCA) to provide shared administrative and clinical support services. By sharing services, the health regions, SCA, and other healthcare partners can provide better quality of care to patients and families. At the same time, the healthcare system can leverage shared services to reduce costs and redirect savings back to patient care.

Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing $98 million in savings over 10 years.
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of $7.8 million.
- Completing the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space.
- Exceeding our $10 million annual provincial savings target, producing cost savings for the provincial healthcare system totaling over $23 million.

The focus of 3sHealth's work in 2013-14 was on identifying opportunities for improvement that will improve quality of care for Saskatchewan patients and lower the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services / information management, transcription services, enterprise risk management, supply chain and environmental services.

Through ongoing collaboration with our health region and SCA partners, 3sHealth has exceeded $93 million in total savings, and we are ahead of schedule in our goal of achieving our $100 million five-year target. We look forward to celebrating this significant milestone next year with our health sector partners as *together* we transform healthcare.

Financial Summary

SCHR recorded an operating surplus of $1,347,189 for 2013-14. This translates into 0.91% per cent of actual revenue.

Over-all, operating revenues exceeded the 2013-14 budget ($7,779,157 or 5.5 per cent) due to:

- Increased funding from the Ministry of Health ($6.7M) due to CUPE retro funding adjustment ($3.2M).
- Primary Health Care Alternate Payment Physician contracts ($1M).
- Locum program funding ($700K).
- Deferred revenue ($524K).
- SIPPA Physician funding ($270K).
- Primary Health Program funding ($202K).
- Long Term Care Urgent Action Funds ($200K).
- Out of Scope funding ($190K).
- Other provincial revenue above budget including SUN Partnership funds ($147K).

Recoveries are above budget due to: compensation recoveries ($493K); bursary recoveries ($55K); insurance premium and damage recoveries ($190K) as well as general recoveries.

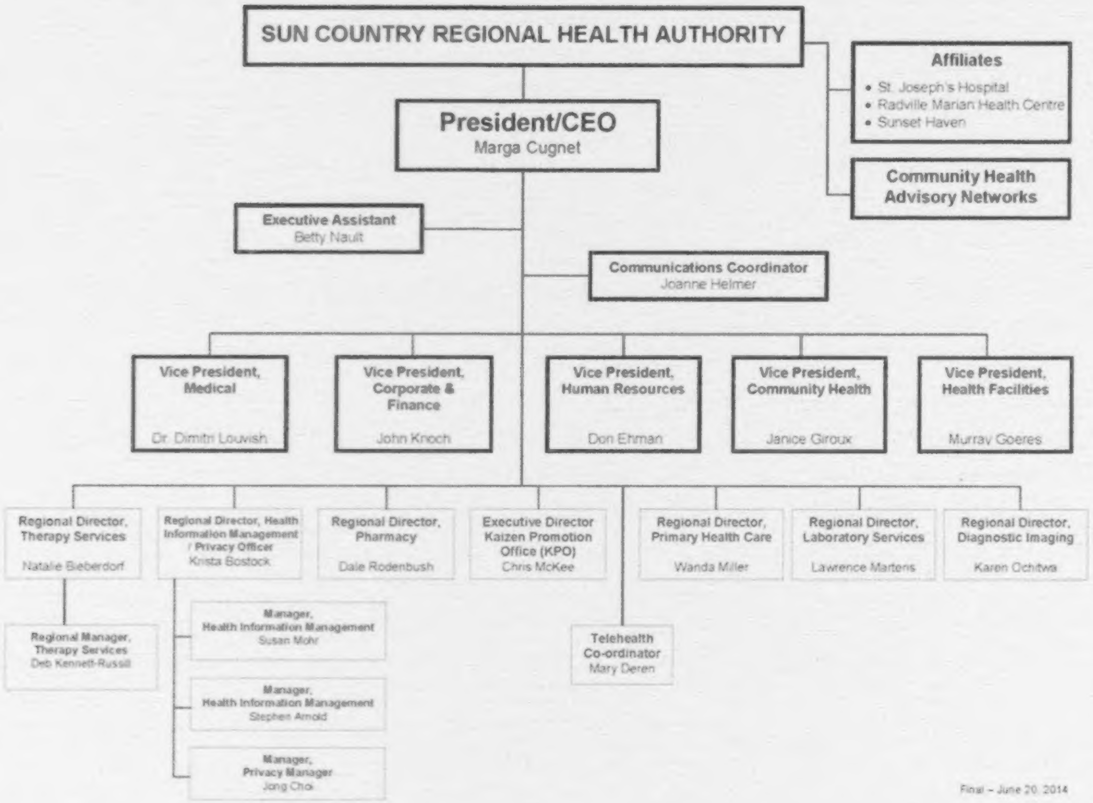
Over-all, operating expenses exceeded the 2013-14 budget ($6,962,737 or 5 per cent) due to:

- Salaries and benefits were over budget by $1.6M (1.7 per cent) mainly due to the accrual of CUPE retro payment ($3.2M). Additional expenses were offset in part by staff vacancies during the year.
- Medical Remuneration was over budget by $2.3M due to Primary Care Alternate Payment Physicians, Locum physician payments, and SIPPA program payments
- Professional fees were over budget by $648K due to Information Technology fees ($519K) and Legal fees ($96K).
- Repairs and Maintenance were over budget by $1.3M due to heating, ventilation and air conditioning repairs, equipment repairs, handicap access improvements, asbestos abatement and electrical contracting work.

SCHR recorded $15.2M in purchases of capital assets, due to new building construction in Radville, Redvers and Kipling ($14M), building improvement ($900K) and capital equipment purchases ($300K).

Appendices

Appendix 1
ORGANIZATION CHART


SUN COUNTRY REGIONAL HEALTH AUTHORITY
Affiliates
• St. Joseph's Hospital
• Radville Marian Health Centre
• Sunset Haven
Community Health Advisory Networks
President/CEO
Marga Cugnet
Executive Assistant
Betty Nault
Communications Coordinator
Joanne Helmer
Vice President, Medical
Dr. Dimitri Louvish
Vice President, Corporate & Finance
John Knoch
Vice President, Human Resources
Don Ehman
Vice President, Community Health
Janice Giroux
Vice President, Health Facilities
Murray Goeres
Regional Director, Therapy Services
Natalie Bieberdorf
Regional Director, Health Information Management / Privacy Officer
Krista Bostock
Regional Director, Pharmacy
Dale Rodenbush
Executive Director Kaizen Promotion Office (KPO)
Chris McKee
Regional Director, Primary Health Care
Wanda Miller
Regional Director, Laboratory Services
Lawrence Martens
Regional Director, Diagnostic Imaging
Karen Ochitwa
Regional Manager, Therapy Services
Deb Kennett-Russill
Manager, Health Information Management
Susan Mohr
Manager, Health Information Management
Stephen Arnold
Manager, Privacy Manager
Jong Choi
Telehealth Co-ordinator
Mary Deren
Final – June 20, 2014

Did You Know?

EMS

Call volumes in SCHR decreased by approximately 1.8 per cent in 2013/14. Kilometers travelled decreased by 12.75 per cent.

Calls responded:

2012/13 – 4,472 709,435 kilometres
2013/14 – 4,393 629,226 kilometres

Long Term Care

There are 18 long term care facilities within SCHR. Of the 18 facilities, three have affiliation agreements with the Region.

Total admissions for the past two years to all facilities:

2012/13 - 270
2013/14 - 278

Total discharges/transfers for the previous two years:

2012/13 - 331
2013/14 - 278

Resident care days

2012/13 – 226,392
2013/14 – 219,612

Acute Care

SCHR has two small community hospitals, Kipling and Arcola; one district hospital, Weyburn General Hospital; and one affiliated district hospital, St. Joseph's Hospital of Estevan.

Redvers Health Centre acute care and 24/7 emergency department has remained temporary closed since December 31, 2009.

Total admissions to all hospitals in the past two years

2012/13 - 3402
2013/14 - 3528

Total discharges for the previous two years

2012/13 - 3414
2013/14 - 3512

Total patient days for the previous two years

2012/13 - 17153
2013/14 - 17342

Average Daily Census	***2013/14***	***2012/13***
Weyburn General Hospital	16.5	16.3
St. Joseph's Hospital	23.9	25.2
Arcola Health Centre	1.8	2.6
Kipling Health Centre	4.8	3.4

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2014

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May 16, 2014

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards for government not-for profit organizations and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Marga Cugnet
President & CEO

John Knoch
VP Corporate & Finance

VIRTUS
GROUP

Chartered Accountants & Business Advisors LLP

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the accompanying financial statements of **Sun Country Regional Health Authority** which comprise the statement of financial position as at March 31, 2014, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

One of the Authority's capital assets under construction is held under a shared ownership arrangement with the Ministry of Health. This asset has been accounted for, as directed by the Ministry, on an apportioned net basis rather than at full gross cost, which constitutes a departure from Canadian public sector accounting standards. If the asset had been stated at full cost, the March 31, 2014 balances for capital assets and fund balances invested in capital assets would have been increased by $10,199,200, capital fund revenue would have been increased by $12,178,700 and capital fund accounts payable would have been decreased by $2,681,200. The March 31, 2013 balances for capital assets, capital fund revenue, and fund balance invested in capital assets would have been increased by $701,700.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2014, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

May 16, 2014

Regina, Saskatchewan

Virtus Group LLP
Chartered Accountants

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2014

		Restricted Funds			
	Operating Fund	*Capital Fund*	*Community Trust Fund*	*Total March 31, 2014*	*Total March 31, 2013*
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 7,574,539	7,402,036	2,653,071	17,629,646	12,208,761
Restricted Cash and Investments (Schedule 2)	5,708	-	-	5,708	8,853
Accounts Receivable					
Ministry of Health - General Revenue Fund	3,655,087	571,522	-	4,226,609	2,521,964
Accounts Receivable - Interfund	155,174	-	(155,174)	-	-
Other	2,419,503	1,299,727	27,578	3,746,808	3,094,217
Inventories	758,660	-	-	758,660	858,450
Prepaid Expenses	281,062	-	-	281,062	830,556
	14,849,733	9,273,285	2,525,475	26,648,493	19,522,801
Investments (Schedule 2)	16,865	-	2,353	19,218	18,666
Capital Assets (Note 3)	-	74,844,439	-	74,844,439	62,682,999
Total Assets	**$ 14,866,598**	**84,117,724**	**2,527,828**	**101,512,150**	**82,224,466**
Liabilities					
Current Liabilities					
Accounts Payable	$ 2,282,214	7,566,097	-	9,848,311	4,308,138
Accrued Salaries and Benefits	7,125,102	-	-	7,125,102	3,999,980
Accrued Vacation	7,159,018	-	-	7,159,018	7,025,848
Mortgages Payable - Current (Note 6)	-	468,270	-	468,270	438,578
Obligation under Capital Lease - Current (Note 4)	-	118,134	-	118,134	140,144
Deferred Revenue (Note 11)	1,668,982	-	-	1,668,982	1,741,106
	18,235,316	8,152,501	-	26,387,817	17,653,794
Mortgages Payable (Note 6)	-	3,065,568	-	3,065,568	3,538,444
Obligation under Capital Lease (Note 4)	-	33,983	-	33,983	146,009
Employee future benefits (Note 13)	3,654,000	-	-	3,654,000	3,682,800
Total Liabilities	**21,889,316**	**11,252,052**	-	**33,141,368**	**25,021,047**
Fund Balances					
Invested in Capital Assets	-	68,786,698	-	68,786,698	58,402,479
Externally Restricted (Schedule 3)	-	3,759,848	2,527,828	6,287,676	5,606,274
Internally Restricted (Schedule 4)	5,708	319,126	-	324,834	861,620
Unrestricted (Deficit)	(7,028,426)	-	-	(7,028,426)	(7,666,954)
Total Fund Balances	**(7,022,718)**	**72,865,672**	**2,527,828**	**68,370,782**	**57,203,419**
Total Liabilities & Fund Balances	**$ 14,866,598**	**84,117,724**	**2,527,828**	**101,512,150**	**82,224,466**

Commitments (Note 4)

Employee Future Benefits (Note 13)

Approved by the Board:

Marilyn Charlton, Board Chair

Lori Carr

Lori Carr, Board Vice Chair

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations

For the Year Ended March 31, 2014

	Operating Fund			*Restricted Funds*			
	Budget 2014 (*Note 8*)	*2014*	*2013*	*Capital Fund 2014*	*Community Trust Fund 2014*	*Total 2014*	*Total 2013*
Revenues							
Ministry of Health - General Revenue Fund	$ 127,254,236	133,962,815	126,221,602	8,191,725	-	8,191,725	4,596,825
Other Provincial	814,986	962,587	1,433,702	135,791	-	135,791	144,234
Federal Government	2,750	1,992	3,240	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Patient and Client Fees	11,222,385	10,846,208	10,933,087	-	-	-	-
Out of Province (Reciprocal)	519,000	528,097	458,269	-	-	-	-
Out of Country	10,300	15,498	15,390	-	-	-	-
Donations	30,000	148,374	111,959	5,158,629	263,492	5,422,121	4,454,967
Investment	75,000	131,367	104,644	30,945	41,414	72,359	103,322
Ancillary	-	-	-	-	-	-	-
Recoveries	947,262	1,969,386	1,986,945	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	67,300	156,052	155,380	-	-	-	8,275
	140,943,219	148,722,376	141,424,218	13,517,090	304,906	13,821,996	9,307,623
Expenses †							
Inpatient & resident services							
Nursing Administration							
Acute	8,074,142	7,627,867	7,568,644	326,770	-	326,770	421,792
Supportive	25,145,775	26,412,886	25,920,497	1,427,822	40,157	1,467,979	1,699,373
Integrated	31,613,647	32,882,622	31,924,726	1,585,248	176,495	1,761,743	1,194,145
Rehabilitation							
Mental Health and Addictions	1,624,742	1,797,024	1,828,291			-	-
Total inpatient & resident services	66,458,306	68,720,399	67,242,158	3,339,840	216,652	3,556,492	3,315,310
Physician Compensation	4,052,696	6,346,373	3,736,622	-	-	-	-
Ambulatory Care Services	1,771,555	1,966,491	1,861,179	-	-	-	-
Diagnostic & therapeutic services	10,003,265	9,738,709	9,353,390	4,736	-	4,736	5,920
Community health services							
Primary health care	1,268,837	1,809,420	983,075	57,077	-	57,077	1,701
Home care	10,094,943	10,098,315	9,730,057	5,592	-	5,592	8,613
Mental health & addictions	4,831,327	4,985,041	4,751,078	1,428	-	1,428	32,717
Population health	4,227,617	4,059,619	4,084,645	78,538	-	78,538	30,931
Emergency response services	5,619,055	5,418,908	5,332,268	297,959	-	297,959	350,791
Other community services	486,376	469,635	476,004		-	-	-
Total community health services	26,528,155	26,840,938	25,357,127	440,594	-	440,594	424,753
Support services							
Program support	8,041,720	8,222,690	8,048,164	-	-	-	-
Operational support	21,934,446	23,332,723	22,589,011	-	-	-	-
Other support	1,622,407	2,237,664	2,159,121	-	-	-	-
Employee future benefits		(28,800)	(32,600)	-	-	-	-
Total support services	31,598,573	33,764,277	32,763,696	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total expenses (Schedule 1)	140,412,450	147,375,187	140,314,172	3,785,170	216,652	4,001,822	3,745,983
Excess (deficiency) of revenues over expenses	$ 530,769	1,347,189	1,110,046	9,731,920	88,254	9,820,174	5,561,640
Interfund transfers (Note 14)		(711,806)	(604,224)	821,635	(109,829)	711,806	604,224
Increase (decrease) in fund balances		635,383	505,822	10,553,555	(21,575)	10,531,980	6,165,864
Fund Balance, beginning of year		(7,658,101)	(8,163,923)	62,312,117	2,549,403	64,861,520	58,695,656
Fund Balance, end of year		$ (7,022,718)	$ (7,658,101)	72,865,672	2,527,828	75,393,500	64,861,520

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† See also Schedule 1 - Expenses Classified by Object

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

For the Year Ended March 31, 2014

2014	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2014*
Fund Balance, beginning of year	$ (7,658,101)	$ 62,312,117	$ 2,369,403	$ 57,023,419
Excess (deficiency) of revenues over expenses	1,347,189	9,731,920	88,254	11,167,363
Interfund transfers (Note 14)	(711,806)	821,635	(109,829)	-
Fund Balance, end of year	$ (7,022,718)	$ 72,865,672	$ 2,347,828	$ 68,190,782

2013	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2013*
Fund Balance, beginning of year	$ (8,163,923)	$ 56,159,058	$ 2,356,598	$ 50,351,733
Excess (deficiency) of revenues over expenses	1,110,046	5,503,956	57,684	6,671,686
Interfund transfers (Note 14)	(604,224)	649,103	(44,879)	-
Fund Balance, end of year	$ (7,658,101)	$ 62,312,117	$ 2,369,403	$ 57,023,419

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the Year Ended March 31, 2014

	Operating Fund		*Restricted Funds*			
	2014	*2013*	*Capital Fund*	*Community Trust Fund*	*Total 2014*	*Total 2013*
		(Note 9)				*(Note 9)*
Cash Provided by (used in)	*Operating Activities*		*Financing and Investing Activities*			
Excess (deficiency) of revenues over expenses	$ 1,347,189	1,110,046	9,731,920	88,254	9,820,174	5,561,640
Amortization of Capital Assets	-	-	3,084,787	-	3,084,787	2,930,460
Loss (Gain) on Disposal of Capital Assets	-	-	-	-	-	(7,982)
Net change in non-cash working capital						
Saskatchewan Health - General Fund	(3,318,029)	(41,210)	1,613,384	-	1,613,384	(2,184,906)
Accounts Receivable - Interfund	(114,372)	29,322	-	114,372	114,372	(29,322)
Accounts Receivable - Other	(165,863)	(110,882)	(464,817)	(21,911)	(486,728)	562,369
Inventories	99,790	57,637	-	-	-	-
Prepaid Expenses	549,494	(164,861)	-	-	-	-
Accounts Payable	(764,825)	991,150	6,304,998	-	6,304,998	(851,660)
Accrued Salaries and Benefits	3,125,122	717,917	-	-	-	-
Accrued Vacation	133,170	223,683	-	-	-	-
Deferred Contributions	(72,124)	(174,526)	-	-	-	-
Employee future benefits	(28,800)	(32,600)				
	790,752	2,605,676	20,270,272	180,715	20,450,987	5,980,599
Purchase of Capital Assets	-	-	(15,246,227)	-	(15,246,227)	(17,613,173)
Proceeds from sale of Capital Assets	-	-	-	-	-	14,250
Net change in Restricted Cash and Investments	3,145	(136)	-	-	-	-
Purchase of Investments	(552)	(423)	-	-	-	-
Proceeds from Investments	-	-	-	-	-	(11)
Proceeds from Loan Receivable	-	-	-	-	-	-
	2,593	(559)	(15,246,227)	-	(15,246,227)	(17,598,934)
Repayment of Debt	-	-	(577,220)	-	(577,220)	(552,139)
Proceeds from Capital Lease	-	-	-	-	-	
	-	-	(577,220)	-	(577,220)	(552,139)
Net increase (decrease) in Cash Flow	$ 793,345	2,605,117	4,446,825	180,715	4,627,540	(12,170,474)
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 7,493,000	5,492,107	2,133,576	2,582,185	4,715,761	16,282,011
Interfund Transfers (Note 14)	(711,806)	(604,224)	821,635	(109,829)	711,806	604,224
Net increase (decrease) in Cash Flow	793,345	2,605,117	4,446,825	180,715	4,627,540	(12,170,474)
Balance at end of year	$ 7,574,539	7,493,000	7,402,036	2,653,071	10,055,107	4,715,761
Balance at end of year is comprised of:						
Cash and Cash Equivalents	7,574,539	7,493,000	7,402,036	1,453,071	8,855,107	4,515,761
Short Term Investments	-	-	-	1,200,000	1,200,000	200,000
Cash and Short Term Investments (Schedule 2)	$ 7,574,539	7,493,000	7,402,036	2,653,071	10,055,107	4,715,761
Supplementary Cash Flow Information						
Interest Paid	$ -	-	189,028	-	189,028	187,314

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. SCRHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations (HCO)

i) SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Stoughton Ambulance
Supreme Ambulance

Note 12 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into SCRHA financial statements. Alternatively, Note 12 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within SCRHA, there are several foundations that raise money for the benefit of SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 12 b) iii) provides supplementary information regarding the donations received from the foundations.

2. Significant Accounting Policies - continued

b) Fund Accounting

The accounts of SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

2. Significant Accounting Policies - continued

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Employee future benefits

i) Pension plan:

Employees of SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, SCRHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

SCHRA provides sick leave benefits for employees that accumulate but do not vest. SCHRA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2014 (2013 – none), SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

2. Significant Accounting Policies - continued

j) Replacement Reserves

SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2014			*2013*
	Cost	Accumulated Amortization	Net	Net
Land	$ 677,154	$ -	$ 677,154	$ 677,154
Land Improvements	848,355	708,764	139,591	91,991
Leasehold Improvements	766,295	264,858	501,437	-
Buildings	84,216,299	38,891,086	45,325,213	33,969,996
Equipment	16,670,898	13,132,229	3,538,669	4,171,124
Construction in progress	24,555,993	-	24,555,993	23,567,674
Under Capital Lease:				
Equipment	576,815	470,433	106,382	205,060
	$ 128,311,809	$ 53,467,370	$ 74,844,439	$ 62,682,999

4. Contractual obligations

a) Capital Asset Acquisitions

At March 31, 2014, the commitments for acquisition of capital assets were $233,581 (2013 - $369,411).

b) Capital Infrastructure Projects

At March 31, 2014 the commitments for specific capital infrastructure projects were $410,630 (2013 - $806,956).

c) Capital Building Projects

SCRHA has one capital building in construction. There is $21,154,712 in signed contracts for the building project which SCRHA has spent $17,939,179 as of March 31, 2014.

SCRHA has a capital building under a co-ownership agreement in construction. There is $22,011,370 in signed contracts for the building project which SCRHA has spent $11,423,298 as of March 31, 2014. A co-ownership agreement exists with the Ministry of Health who will assume 72.2% of both the asset and the contractual obligation.

d) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2015	$ 751,042
2016	$ 42,848
2017	$ 32,892
2018	$ 21,946
2019	$ 10,083

4. Commitments - continued

e) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Equipment	Total
Interest rate	3.6%	0.88%	4.28%	
Expiry date	Dec. 31, 2014	Jun. 1, 2016	Jan. 1, 2016	
2015	$ 92,094	$ 26,326	$ 1,719	$ 120,139
2016	-	26,326	1,289	$ 27,615
2017	-	6,581	-	$ 6,581
2018	-	-	-	$ -
2019	-	-	-	$ -
Total minimum lease payments	92,094	59,233	3,008	$ 154,335
Amount representing interest	(1,502)	(601)	(115)	$ (2,218)
Balance of the obligation	90,592	58,632	2,893	$ 152,117
Less: Current Portion	(90,592)	(25,916)	(1,626)	$ (118,134)
	$ -	$ 32,716	$ 1,267	$ 33,983

f) Contracted Health Service Operators

SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in SCRHA similar to those provided in the year ending March 31, 2014. Note 12 b) i) provides supplementary information on Health Care Organizations.

5. Patient and Resident Trust Accounts

SCRHA administers funds held in trust for patients and residents using SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are $48,607 (2013 - $46,422).

6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2014	2013
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of -.014%. Mortgage renewal date - August 1, 2016	$ 671,291	$ 748,450
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	57,019	65,608
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	36,118	49,758
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	53,527	57,782
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	275,041	287,340
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of -2.439%. Mortgage renewal date - August 1, 2016	668,009	781,864
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	51,851	67,377
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	43,535	51,793
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding an effective interest rate of .626%. Mortgage renewal date - February 1, 2016	312,259	341,752
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding an effective interest rate of .610%. Mortgage renewal date - February 1, 2016	287,648	316,131
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding an effective interest rate of .336%. Mortgage renewal date - February 1, 2016	426,659	473,926
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	29,685	36,489
Wawota Deerview Lodge CMHC, due December 1, 2020	2.110%	$98,796 principal & interest in which $1,093 is subsidized by SHC. Yielding an effective interest rate of 1.920%. Mortgage renewal date - December 1, 2020	621,196	698,752
			$ 3,533,838	$ 3,977,022
		Less: Current Portion	468,270	438,578
			$ 3,065,568	$ 3,538,444

6. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years are estimated as follows:

2015	468,270
2016	489,516
2017	511,405
2018	534,361
2019	558,300
2019 and thereafter	971,986

7. Volunteer Services

The operations of SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

8. Budget

The SCRHA Board approved the 2013-2014 budget on May 29, 2013.

9. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

10. Pay for Performance

Effective June 28, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employee performance is not yet available.

11. Deferred Revenue

At March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 302,696	$ 213,615	$ -	$ 89,081
Bursary Funding	19,000	19,000	25,000	25,000
Professional Development	7,356	7,356	-	-
Quality Workplace Initiative	103,177	103,177	-	-
Community Supports	5,278	5,278	-	-
Youth Drug Detox	17,621	13,165	-	4,456
Autism	115,128	93,083	-	22,045
Infection Control Initiatives	52,373	52,373	-	-
Surgical Initiatives	29,141	29,141	-	-
Enhanced Dental Program	30,695	30,695	-	-
Oral Health Strategy	28,900	9,723	-	19,177
Endoscopy Software	60,000	-	-	60,000
Locum Program	62,500	62,500	-	-
Urgent Care Funding	-	170,541	812,157	641,616
Total Sask Health	**$ 833,865**	**$ 809,647**	**$ 837,157**	**$ 861,375**
Other Initiatives				
SUN Recruitment & Retention	161,814	5,844	-	155,970
LEAN Initiative	5,780	5,780	-	-
Autism Spectrum	2,076	2,076	-	-
Primary Health - Special Projects	100,000	100,000	-	-
Other Revenue received in advance	637,571	217,398	231,464	651,637
Total Non Sask Health	**$ 907,241**	**$ 331,098**	**$ 231,464**	**$ 807,607**
Total Deferred Revenue	**$ 1,741,106**	**$ 1,140,745**	**$ 1,068,621**	**$ 1,668,982**

At March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 210,419	$ 47,723	$ 140,000	$ 302,696
Aboriginal Awareness	3,781	3,781	-	-
Bursary Funding	-	6,000	25,000	19,000
Professional Development	18,747	11,391	-	7,356
Safety Training Initiatives	20,434	20,434	-	-
MDS for Home Care	2,163	2,163	-	-
Quality Workplace Initiative	124,428	21,251	-	103,177
Community Supports	13,456	8,178	-	5,278
Youth Drug Detox	61,358	43,737	-	17,621
Autism	163,165	48,037	-	115,128
Infection Control Initiatives	55,252	55,252	52,373	52,373
Recruitment Initiatives	30,000	30,000	-	-
Surgical Initiatives	189,447	160,306	-	29,141
Enhanced Dental Program	30,695	-	-	30,695
Oral Health Strategy	-	-	28,900	28,900
Endoscopy Software	-	-	60,000	60,000
Locum Program	-	-	62,500	62,500
Total Sask Health	**$ 923,345**	**$ 458,253**	**$ 368,773**	**$ 833,865**
Other Initiatives				
SUN Recruitment & Retention	185,048	23,234	-	161,814
LEAN Initiative	87,704	81,924	-	5,780
Autism Spectrum	76,506	74,430	-	2,076
Primary Health - Special Projects	-	-	100,000	100,000
Other Revenue received in advance	643,029	208,249	202,791	637,571
Total Non Sask Health	**$ 992,287**	**$ 387,837**	**$ 302,791**	**$ 907,241**
Total Deferred Revenue	**$ 1,915,632**	**$ 846,090**	**$ 671,564**	**$ 1,741,106**

12. Related Parties

These financial statements include transactions with related parties. SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party balances greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2014	*2013* *(Note 9)*
Revenues		
Ministry of Health	$ 1,227,825	$ 1,209,936
Saskatchewan Government Insurance	175,546	170,972
Workers' Compensation Board	271,195	292,829
	$ 1,674,566	$ 1,673,737
Expenses		
Canadian Mental Health Association	$ 131,954	$ 132,226
eHealth Saskatchewan	67,314	73,892
Fillmore Ambulance	73,260	73,260
Provincial Public Safety Telecommunications Network	78,112	78,684
Public Employees Pension Plan	172,405	168,011
Radville Marian Health Centre	3,372,674	3,406,374
Regina Qu'Appelle Health Region	180,116	214,973
3SHealth	5,982,443	5,393,279
Saskatchewan Health Employees Pension Plan	11,759,145	9,847,155
Saskatchewan Power Corporation	1,194,022	1,086,369
Saskatchewan Property Management	834,932	850,633
Saskatchewan Telecommunications	392,446	409,211
SaskEnergy Incorporated	582,795	525,662
SMILE Services Inc.	66,348	65,025
St. Joseph's Hospital	17,391,073	16,997,001
Supreme Ambulance (Carlyle)	397,755	397,755
The Border-line Housing Company (1975) Ltd	1,703,424	1,663,597
Weyburn Group Home Society	358,505	290,364
Workers' Compensation Board	1,344,610	1,427,051
	$ 46,083,333	$ 43,100,522

12. a) Related Party Transactions - continued

	2014	2013
Accounts Receivable		
Ministry of Health	131,468	110,657
Workers' Compensation Board	53,183	40,423
	$ 184,651	$ 151,080
Prepaid Expenses		
Workers' Compensation Board	$ -	$ 560,254
	$ -	$ 560,254
Accounts Payable		
Regina Qu'Appelle Health Region	$ 33,063	$ 70,961
3SHealth	305,122	279,463
Saskatchewan Health Employees Pension Plan	853,801	794,159
Saskatchewan Telecommunications	126,772	-
Saskatchewan Power Corporation	69,352	80,980
Saskatchewan Property Management	160,813	81,104
SaskEnergy Incorporated	99,367	54,321
St. Joseph's Hospital	172,710	171,879
	$ 1,821,000	$ 1,532,867

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, SCRHA provided the following amounts to healthcare organizations.

	2014	2013
Canadian Mental Health Association	$ 127,754	$ 126,866
Fillmore Ambulance	73,260	73,260
SMILE Services Inc.	61,146	60,721
Supreme Ambulance (Carlyle)	397,755	397,755
Stoughton Ambulance	-	88,000
Weyburn Group Home Society Inc.	291,029	282,004
	$ 950,944	$ 1,028,606

12. b) Health Care Organizations - continued

ii) Affiliates

The Act makes SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by SCRHA. SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2014	2013 (Note 9)
St. Joseph's Hospital	$ 16,531,899	$ 16,125,031
Radville Marian Health Centre	3,374,432	3,406,374
The Border-line Housing Company (1975) Ltd.	1,701,666	1,663,597
Total	$ 21,607,997	$ 21,195,002

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2014 and 2013 and for the years then ended:

	2014	2013 (Note 9)
Balance Sheet		
Assets	$ 4,118,277	$ 4,285,822
Net Capital Assets	23,222,243	24,017,901
Total Assets	$ 27,340,520	$ 28,303,723
Total Liabilities	5,337,968	5,767,046
Total Net Assets	22,002,552	22,536,677
Total Liabilities and Net Assets	$ 27,340,520	$ 28,303,723
Results of Operations and Fund Balances		
SCRHA Grant	$ 21,927,669	$ 21,417,533
Other Revenue	5,599,303	5,558,425
Total Revenue	$ 27,526,972	$ 26,975,958
Salaries & Benefits	20,681,238	20,577,028
Other Expenses *	7,378,587	6,659,982
Total Expenses	28,059,825	27,237,010
Excess (Deficiency) Revenue over Expenses	$ (532,853)	$ (261,052)

* Other Expenses includes amortization of $1,645,910 (2013 - $1,592,123)

	2014	2013
Cash Flows		
Cash from Operations	$ 705,489	$ 1,296,208
Cash provided by (used in) Financing Activities	(147,468)	(58,505)
Cash provided by (used in) Investing Activities *	(845,794)	(885,394)
Increase (Decrease) in Cash	$ (287,773)	$ 352,309

* Cash used in Investing Activities includes capital purchases of $871,976 (2013 - $885,394)

12. b) Health Care Organizations - continued

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by SCRHA for specific purposes. The foundation's total expenses include the following contributions to SCRHA.

	2014	*2013*
Redvers & District Community Health Foundation Inc.	$ 791,500	$ 1,898,654
Radville & District Health Centre Foundation Inc.	$ 1,784,126	$ 2,896,524
Coronach and Area Health Care Foundation	$ -	$ -
Kipling District Health Foundation Inc.	$ 2,412,676	$ -
Wawota Health Care Foundation Inc.	$ -	$ -

13. Employee future benefits

a) Employees of SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3S Health) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the Saskatchewan Association of Health Organizations (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to SCRHA contribution amount below.

	2014	2014		2013
	SHEPP	PEPP	Total	Total
Number of active members	1,577	16	1,593	1,572
Member contribution rate, percentage of salary	7.7 - 10.0 % *	5 - 7 %*		
SCRHA contribution rate, percentage of salary	8.62 - 11.2 % *	6 - 7 %*		
Member contributions (thousands of dollars)	5,166	78	5,244	5,089
SCRHA contributions (thousands of dollars)	5,785	79	5,864	5,691

*Contributions rate varies based on employee group.

1. Active members are employees of the SCRHA, including those on leave of absence as of March 31, 2014. Inactive members are not reported by the SCRHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of recent deficiencies in the plan. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed

Employee future benefits - continued

b) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. SCHRA has completed an actuarial valuation as of March 31, 2014. Key assumptions used as inputs into the actuarial calculation are as follows:

	2014	2013
Discount Rate	2.50%	2.75%
Rate of inflation	0% - 2 %	0% - 2 %
(other significant assumptions as per actuarial valuation)		

		2014		2013
Accrued benefit obligation, beginning of year	$	3,682,800	$	3,715,400
Cost for the year	$	604,200	$	594,100
Benefits paid during the year	$	(633,000)	$	(626,700)
Accrued benefit obligation, end of year	$	3,654,000	$	3,682,800

14. Interfund Transfers

Each year SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2014			2013		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (165,981)	$ 250,810	$ (84,829)	$ (6,532)	$ 26,411	$ (19,879)
Mortgage principle & interest	(504,433)	504,433	-	(504,443)	504,443	-
SHC reserves - Allocation	(105,488)	105,488	-	(105,488)	105,488	-
SHC reserves - R & M	119,560	(119,560)	-	85,229	(85,229)	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	(5,464)	5,464	-	(23,000)	23,000	-
	$ (711,806)	$ 821,635	$ (109,829)	$ (604,234)	$ 649,113	$ (44,879)

15. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

SCRHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that SCHRA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the SCHRA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. SCRHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2014	2013
Cash and short-term investments	$ 17,635,354	$ 12,217,614
Accounts receivable		
Ministry of Health - General Revenue Fund	4,226,609	2,521,964
Other	3,871,769	3,094,217
Investments	19,218	18,666
	$ 25,752,950	$ 17,852,461

SCHRA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. SCHRA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect SCRHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

SCHRA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of SCHRA. SCRHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

15. Financial Instruments - continued

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose SCHRA to cash flow interest rate risk. SCHRA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. SCRHA's mortgages payable outstanding as at March 31, 2014 and 2013 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk:

Liquidity risk is the risk that SCHRA will not be able to meet its financial obligations as they become due.

SCHRA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, SCRHA has a cash balance of $17,629,646 (2013 - $12,208,761).

f) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Accounts receivable
  Interfund loan
  Accounts payable
  Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable before the repayment required within one year, is $3,701,214 (2013 - $4,272,097) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

15. Financial Instruments - continued

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investment, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For the financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgement and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were not items measured at fair value using level 3 in 2014 or 2013.

There were no items transferred between levels in 2014 or 2013.

		2014			2013	
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ -	$ 1,903,067	$ 1,903,067	$ -	$ 900,549	$ 900,549
Mortgages payable	$ -	$ 3,065,568	$ 3,065,568	$ -	$ 3,538,444	$ 3,538,444

g) Operating Line of Credit

SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2014 and 2013.

Schedule 1

Schedule of Expenses by Object

	Budget 2014 (Note 8)	*Actual 2014*	*Actual 2013* (Note 9)
Operating:			
Advertising & public relations	$ 141,504	153,289	149,408
Board costs	120,549	95,616	116,434
Compensation - Benefits	16,362,482	16,647,815	15,798,346
Compensation - Employee Future Benefits	-	(28,800)	(32,600)
Compensation - Salaries	81,521,260	82,884,471	80,203,062
Continuing education fees & materials	255,676	307,780	248,114
Contracted-out services - Other	1,002,098	971,145	945,870
Diagnostic imaging supplies	20,750	14,303	48,144
Dietary supplies	126,550	155,015	149,229
Drugs	479,475	353,193	435,205
Food	1,373,947	1,406,539	1,376,270
Grants to ambulance services	521,015	471,015	559,015
Grants to health care organizations & affiliates	21,319,704	21,610,476	21,477,467
Housekeeping & laundry supplies	325,780	339,297	346,030
Information technology contracts	592,568	525,837	507,142
Insurance	247,386	361,284	367,416
Interest	13,921	14,829	11,873
Laboratory supplies	623,122	632,708	594,573
Medical & surgical supplies	1,624,027	1,612,438	1,605,813
Medical remuneration & benefits	3,977,708	6,275,335	3,729,054
Meetings	41,046	87,573	35,835
Office supplies & other office costs	884,999	867,197	872,797
Other	172,957	314,197	282,396
Professional fees	1,697,610	2,345,163	2,354,095
Prosthetics	-	-	-
Purchased salaries	614,392	641,764	575,137
Rent/lease/purchase costs	903,709	1,206,464	1,068,168
Repairs & maintenance	1,821,736	3,083,520	2,851,341
Supplies - Other	299,543	275,947	317,763
Therapeutic supplies	14,274	39,402	17,623
Travel	1,473,054	1,614,575	1,467,710
Utilities	1,839,608	2,095,800	1,835,442
Total Operating Expenses	**$ 140,412,450**	**147,375,187**	**140,314,172**
Restricted:			
Amortization of Capital Assets		$ 3,084,787	2,930,460
Grants to Third Parties		477,450	187,126
(Gain) Loss on Disposal of Capital Assets		-	(7,982)
Mortgage Interest Expense		185,290	216,294
Other		254,295	412,103
		$ 4,001,822	**3,738,001**

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the Year Ended March 31, 2014

Schedule 2

Schedule of Cash and Investments

RESTRICTED CASH AND INVESTMENTS	Fair Value	Maturity	Effective Rate	Coupon Rate
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Affinity Credit Union	$ 7,233,918			
Conexus Credit Union	673,243			
CIBC	-			
Prairie Pride Credit Union	379,475			
RBC Investment Account	64,883			
Royal Bank - Money Maker Plus	29,555			
Royal Bank	41,720			
	$ 8,422,794			
Term Deposit				
Conexus Credit Union	$ 1,000,000	April 29, 2015	2.000%	2.000%
Prairie Pride Credit Union - Term Certificates	200,000	August 18, 2014	1.750%	1.750%
	$ 1,200,000			
Total Cash & Short Term Investments	$ 9,622,794			
Long Term				
Conexus Credit Union - equity	$ 2,353			
Total Long Term Investments	$ 2,353			
Total Externally Restricted Investments	$ 9,625,147			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 50			
Affinity Credit Union	320,086			
	$ 320,136			
Term Deposit				
CIBC - WG Equitable Trust Company	100,000	May 21, 2014	1.76%	1.76%
CIBC - WG Home Trust Co	17,885	May 21, 2014	1.75%	1.75%
	$ 117,885			
Total Cash & Short Term Internally Restricted Investments	$ 438,021			
Unrestricted Investments				
Cash and Short Term				
Affinity Credit Union	7,083,795			
CIBC Money Market Fund	190,446			
Wood Gundy	298			
	7,274,539			
Term Deposit				
CIBC - WG VanCity Savings	$ 100,000	May 21, 2014	1.70%	1.70%
CIBC - WG Equitable Trust Company	100,000	May 21, 2014	1.76%	1.76%
CIBC - WGH Home Trust Co	100,000	May 21, 2014	1.75%	1.75%
	$ 300,000			
Total Cash & Short Term Investments	$ 7,574,539			
Long Term				
Co-op Equity	16,865			
Total Unrestricted Investments	$ 7,591,404			
Total Investments	$ 17,654,572			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 17,635,354			
Total Long Term	$ 19,218			
Total Investments	$ 17,654,572			

*Restricted Investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and

- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the Year Ended March 31, 2014

Schedule 3

Schedule of Externally Restricted Funds

Community Trust Fund

Trust Name		*Balance Start of Year (Note 9)*	*Investment & Other Revenue*	*Donations*	*Expenses*	*Withdrawals*	*Balance End of Year*
Fillmore Area Trust Fund	$	136,183	155	-	(178)	-	136,160
Gainsborough Area Trust Fund		581,094	9,405	3,254	(20,800)	-	572,953
Lampman Area Trust Fund		90,621	2,953	15,391	(11,368)	-	97,597
Midale Area Trust Fund		1,589,324	25,951	230,805	(176,495)	(109,829)	1,559,756
Oxbow Area Trust Fund		152,181	2,952	14,041	(7,811)	-	161,363
	$	**2,549,403**	**41,416**	**263,491**	**(216,652)**	**(109,829)**	**2,527,829**

Capital Fund Balances

		Balance Start of Year (Note 9)	*Investment & Other Revenue*	*Capital Funding & Donations*	*Expenses*	*Transfer to Investment in Capital Fund*	*Balance End of Year*
Arcola Health Centre	$	53,865	549	-	(5,415)	-	48,999
Ministry of Health Capital Funding (Note 4)		1,176,366	-	360,000	(892,156)	-	644,210
Ministry of Health New Construction Funding (Note 4)		711,888	1,893	7,831,725	(6,684,294)	-	1,861,212
Moose Mountain Lodge		43,359	370	-	(15,614)	-	28,115
Weyburn General Hospital Building		667,805	6,922	6,154	-	-	680,881
Weyburn General Hospital Equipment		396,317	4,206	40,400	(28,938)	-	411,985
Other communities		7,271	1,073	110,004	(33,902)	-	84,446
Other communities -Buildings		-	-	1,977,458	(1,977,458)	-	-
	$	**3,056,871**	**15,013**	**10,325,741**	**(9,637,777)**	**-**	**3,759,848**

(See accompanying notes)

Schedule 4

Schedule of Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ -		6,540	(6,450)	-	90
Weyburn Special Care Home	35,888	345	44,968	(77,751)	-	3,450
Estevan Regional Nursing Home	-		15,500	(13,471)	-	2,029
Newhope Pioneer Lodge	-		10,000	(1,000)	-	9,000
Wawota Deerview Lodge	-		7,745	(7,745)	-	-
Carlyle Moose Mountain Lodge	-		8,235	(8,235)	-	-
Kipling Willowdale Lodge	-		6,500	(1,111)	-	5,389
Redvers Centennial Haven	-		6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	-		75,000	(75,000)	-	-
Capital Acquisitions	816,879	224	-	(517,935)	-	299,168
Total Capital Internally Restricted Fund Balances	852,767	569	180,488	(714,698)	-	319,126
Operating Internally Restricted Fund Balances						
Quality Workplace	8,853	140	-	(3,285)	-	5,708
Total Operating Internally Restricted Fund Balances	8,853	140	-	(3,285)	-	5,708
Total Internally Restricted Fund Balances	$ 861,620	709	180,488	(717,983)	-	324,834

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2013 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2013 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

Schedule 5

Board Member Remuneration

	March 31, 2014							March 31, 2013
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2014 Total	2013 Total
Arthur, Alan J.	$ -	$ 2,050	$ 1,056	$ 1,382	$ -	$ -	$ 4,488	$ 7,354
Bauche, Sharon R.	-	4,075	2,838	4,503	-	-	11,416	15,832
Brickley, Robert	-	1,850	700	1,095	-	-	3,645	3,445
Carr, Lori	-	5,350	1,525	3,028	-	180	10,083	13,493
Charlton, Marilyn	9,960	11,738	3,975	4,513	-	1,098	31,284	30,708
Palmer, Vern	-	-	-	-	-	-	-	6,371
Rodine, Derrell	-	5,113	2,150	2,762	-	-	10,025	8,533
St. Onge, Gary	-	4,600	1,638	2,331	-		8,569	10,382
Stephenson, Karen	-	6,663	1,325	2,382	-	518	10,888	9,973
Trombley, Audrey	-	3,575	1,288	2,153	-	72	7,088	9,338
Tunall, Eileen	-	-	-	-	-	-	-	2,683
Total	$ 9,960	$ 45,014	$ 16,495	$ 24,149	$ -	$ 1,868	$ 97,486	$ 118,112

Senior Management Salaries, Benefits, Allowances, and Severance

	March 31, 2014					March 31, 2013		
Senior Employees	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances	Severance	Total
Marga Cugnet, CEO	256,267	-	256,267	-	256,267	325,511	-	325,511
John Knoch, VP Finance & Corporate Services (3)	149,070	-	149,070	-	149,070	30,587	-	30,587
Pamela Haupstein, Interim VP Finance & Corporate Services (4)		-	-	-	-	147,782	-	147,782
Janice Giroux, VP Community Programs	170,945	-	170,945	-	170,945	173,255	-	173,255
Don Ehman, VP Human Resources	169,360	-	169,360	-	169,360	173,883	-	173,883
Alain Lenfema, VP Medical (5)	222,118	-	222,118	-	222,118	290,815	-	290,815
Murray Goeres, VP of Facilites	169,242	-	169,242	-	169,242	176,190	-	176,190
	$ 1,137,002	$ -	$ 1,137,002	$ -	$ 1,137,002	$ 1,318,023	$ -	$ 1,318,023

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2014 and will be reflected in the year paid.

Refer to Note 10 for further details.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee.

This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of an automobile; cell-phone; computer, etc. As well as any other taxable benefits.

(3) John Knoch started the position of VP Finance & Corporate Services January, 2013

(4) Pamela Haupstein started the position Interim VP Finance & Corporate Services September, 2010, replacing Hal Schmidt

(5) Dr. Alain Lenfema vacated the VP Medical position on September 15, 2013.

Sun Country Regional Health Authority
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2014

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

ABRAHAMSON, CRYSTAL	51,683
AHMED, DEQA	54,801
AKINS, JOCELYN	66,520
AKINS, SHENAN	111,960
ALELUNAS, PAT	95,814
ALEXANDER, DEVONN	60,647
ALEXUS, SHANNON	93,129
ALIPIO, ELIZABETH	90,860
ANDERSON, CAROL	82,165
ANDERSON, TORI	69,917
ANDERSON, TROY	60,728
APPERLEY, RACHELLE	55,734
ARNOLD, STEPHEN	71,202
ASHWORTH, CHRISTINE	67,817
AVERY, SHELLEY	67,081
AYER, ANGELINE	60,120
BAHT, JASON	50,186
BAHT, JODI	82,531
BAKALUK, RANDALL	68,620
BARATH, TERRI	81,132
BARDSLEY, GEORDAN	99,004
BARNABAS, IDA	112,361
BARNES, MARK	58,920
BARSI, DOROTHY	85,806
BARTLETT, DELEE	85,520
BATT, SHELLEY	51,330
BATTERS, SHARON	77,392
BAUMAN, SHAUNA	50,011
BAUMANN, SHAUNA	71,114
BAUN, SHERI	61,658
BEAHM, JAN	69,941
BEATTIE, KELLY	108,727
BEAUDOIN, TRINA	90,013
BEAUDRY, DEBORAH	93,020
BEDORE, TRACY	62,658
BELKE, BRADLEY	115,775
BELL, DEBRA	58,782
BENSON, TERRY	90,865
BIEBERDORF, NATALIE	96,719
BIRCH, JASMINE	59,466
BLACKSTOCK, BERNIE	102,959
BLYTH, SHIRLEY	105,035
BODE, JEAN	95,038
BOSTOCK, KRISTA	90,855
BOURHIS, KAREN	54,627
BOUTIN, FRANCES	53,201
BRAATEN, LUCILLE	69,206
BRESCIANI, DOUGLAS	104,840
BROWN, CAROL	79,673
BROWN, JUDITH	66,992
BROWN, KELLY	89,407
BRUMFIELD, BARRY	62,947
BRUNEAU, LACEY	65,116
BRUNEAU, LOUISE	100,859
BUCKINGHAM, JOAN	78,273
BUMSTEAD, LARRY	66,511
BURDAN, EVAN	92,821
BURGESS, SUSAN	73,107
BURNETT, LORELEI	64,004
BYE, CANDY	105,662
CAMERON, TERON	79,156
CAMERON, VALERIE	73,320
CASE, MINDY	71,231
CHANIA, CATHERINE	53,596
CHARLES, LAUREL	82,853
CHURKO, CHERYL	56,356
CLARK, BARBARA	83,733
CLARK, COLIN	68,056
CLAUDE, MIKE	88,993
CLEASBY, SANDRA	59,975
COBB, LENORA	111,249
CODERRE, TERRI	50,917
COFFEY, LOIS	112,560
COONEY, DONNA	121,216
COONEY, JESSICA	74,496
CORLEY, ROSY	55,864
CORNISH, CRYSTAL	61,637
CORNISH, KEVIN	51,559
CORNISH, MARNELL	104,576
CRAIG, LORIE	58,666
CRASSWELLER, PATRICIA	91,115
CROSS, GLENDA	50,953
CROSS, KENNETH	76,578
CROSS, SHANNON	102,382
CUDDINGTON, DENISE	67,662
CUGNET, MARGARET	256,267
CURTIS, WENDY	67,046
DAENCKAERT, VERONICA	73,320
DAKU, JEAN	127,180
DALZIEL, TAMMY	59,663
DANYLUK, SYLVIA	105,106
DASCHUK, ERICA	75,981
DAVIS, BOBBI JO	58,420
DAVIS, CATHERINE	72,237
DAVIS, DONNA	71,835
DAVIS, KATHY	104,509
DAY, CARMEN	75,692
DAYMAN, MONICA	98,024

DELA CRUZ, GLENY	95,554
DELA CRUZ, MIA	52,457
DERAIN, GINA	52,691
DEREN, MARY	75,397
DEROOSE, JUDITH	102,671
DEW, ARIANE	77,325
DEW, HEATHER	57,543
DEWALD, LAURA	73,602
DEWIT, LYNDSAY	66,895
DICKIE, BARRY	52,114
DIXON, JEANNETTE	68,490
DOMES, DAWNE	69,484
DONALD, TRISHA	64,450
DONNELLY, MICHAEL	65,398
DORGAN, RENEE	62,226
DORSCH, HELENE	94,888
DROZARIO, CHRISTINE	124,884
DUFFUS, LINDA	103,343
DUNCAN, ALISON	109,178
DYCK, DAVID	64,645
DZUBA, BONNIE	57,375
EALEY, PAULA	69,567
EARL, SHAUNA	57,634
EASTON, COLLEEN	119,946
EBEL, JANET	88,513
EDDY, CHARLES	91,199
EHMAN, DON	169,360
ELIAS WHITE, JENNIFER	97,528
ERICKSON, RHONDA	55,162
FARNDEN, JANELLE	60,356
FARNDEN, JOANNE	113,983
FEDAK, STEPHANIE	91,254
FERGUSON, MARILYN	63,269
FICHTER, GLENDA	76,607
FICHTER, TAMARA	66,586
FISH, KELLY	92,000
FISTER, VALERIE	74,876
FITZPATRICK, ALISHA	57,422
FLOREK, LISA	70,137
FLOYD, KAREN	60,605
FOLBAR, CHRYSTA	69,397
FOLBAR, SHELLEY	56,126
FORD, NICOLA	78,969
FORNWALD, JUDITH	87,304
FORSETH, SHARON	55,674
FOX, MARVIN	84,519
FRAZER, REJEANNE	66,105
FRECON, CHRISTA	54,434
FREEMAN, BRENDA	90,035
FREY, ANGELA	84,496
GABRIEL, MAUREEN	109,239
GAETZ, KIMBERLY	61,597
GAETZ, SAMANTHA	60,877
GAMMACK, KARLI	65,337
GAMMACK, M RUTH	50,205
GARVEY, CARON	92,589
GAUDRY, SUSAN	78,394
GECOSALA, APRIL	87,504
GECOSALA, CYNTHIA	113,549
GERVAIS, ANGELA	51,862
GERVERO, MAYSUNFE	112,338
GESSNER, KATHLEEN	62,796
GIBSON, SUZANNE	81,233
GILLES HOEFER, SANDRA	95,562
GIRARDIN, THERESA	101,695
GIROUX, JANICE	170,946
GLAB, JOHNNIE	64,341
GODENIR, PAULETTE	52,888
GOERES, MURRAY	169,243
GOLD, DAWN	77,068
GOODFELLOW, ERIN	82,257
GORDON, BRITTANY	82,183
GREENBANK, JENNIENE	72,161
GREENING, DIANE	51,413
GREENING, JEFFERY	98,852
GRIFFITHS, MARIE	66,044
GRIMES, SHEENA	89,109
GUENTHER, CRYSTAL	94,705
GUILLOUX, EDITH	95,070
GUTHEIL, CAROLE B	89,523
HAATVEDT, SHANNON	58,884
HACK, TRACY	89,376
HALE, KENDRA	68,258
HALLBERG, KARI	100,216
HAMMELL, LAURIE	95,810
HANCHUK, KRISTEN	68,225
HAND, ARLENE	53,098
HANSON, JUDY	60,309
HARTNESS, MELANIE	62,152
HARVEY, MARION	79,000
HASSLER, KARISSA	66,849
HAUGLUM, TERRY	98,334
HAUPSTEIN, PAMELA	110,623
HEAMAN, JENNA	97,978
HELFRICK, BARBARA	68,190
HELMER, JOANNE	73,357
HENGEN, CARRIE	62,159
HEPP, MELANIE	95,075
HERBERHOLZ HAGEL, KARLY	79,062
HERMAN, COLLEEN	72,282
HERMANN, HOLLEY	73,828
HEWITT, PATRICIA	50,177
HILL, CAROLINE	104,771
HILL, G RONALD	103,582
HILL, JENNIFER	62,853
HILL, LAURIE	98,801
HILL, MARILYN	76,712
HIZON, MELISSA	56,625
HJERTAAS, NAOMI	108,963
HODGSON, HOLLY	94,360
HODGSON, SAVANNAH	62,376
HOFFART, DEANNA	66,295
HOFFART, SHELLEY	91,932
HOFLAND, TAMMY	114,967
HOIUM, CYNTHIA	104,771
HOIUM, FAYE	59,084
HOLLINGSHEAD, JOANNE	78,199
HOLTZ, STACEY	71,056
HOUSTON, NORA	77,393
HOWSE, KEITH	87,600
HUEL, TANIA	94,973
HUISH, HAYLEY	74,492
IRWIN, SARA	104,664
ISLEIFSON, BERTHA	69,532
JENSEN, CHRISTOPH	101,284
JENSEN, SHANNON	64,977
JENSEN, SHIRLEY	63,719
JENSEN, TRENT	69,527
JOHN, NEETHU	53,812
JOHNER, JOANNE	55,239
JOHNSON, ANNE	54,794
JOHNSON, EILEEN	74,578
JOHNSON, JOANNE	82,050
JOHNSON HALLBERG, LISA	87,067
JONASSEN, LOUANNE	90,242
JONES, RICHELLE	77,017
JOSEPH, JITHU	72,342
KAPELL, RILLA	94,629
KATSCHKE, LORNA	63,787

KAUF, BERT	70,625
KAVALENCH, VANESSA	61,056
KEATING, JOSELENE	70,766
KEHLER, ANITA	94,332
KENDALL, PAIGE	81,576
KENNETT RUSSILL, DEBRA	77,587
KERSLAKE, AGNES	78,218
KESSLER, PATRICIA	109,840
KESSLERING, KIMBERLY	70,061
KETURAKIS, MARY JANE	78,778
KINGDON, STACI	69,001
KISH, TOMMI	76,114
KITCHEN, DONNA	74,462
KLATT, MELISSA	51,470
KLEPPE, CRYSTAL	66,010
KLEPPE, LAURIE	64,284
KNIBBS, RELNA	71,968
KNOBLAUCH, STEPHANIE	78,231
KNOCH, JOHN	149,070
KNOX, JENNY	68,269
KOBITZ, SHEILA	75,561
KOPEC, CANDACE	88,406
KOSIOR, DEBORAH	105,724
KOSIOR, RAQUEL	80,219
KOT, GRACE	91,427
KOWAL, CRYSTAL	57,623
KRAEMER, ELAINE	67,823
KRAEMER, MAUREEN	84,186
KUNTZ, BARB	63,084
KUNTZ, CORINNA	50,458
KWOCHKA, TAMMY	70,196
KYRYLCHUK, JUDY	98,900
LABATTE, JANA	68,258
LAFRENTZ, JORY	56,534
LAMONTAGNE, SHIRLEY	91,407
LANGENBERGER, SHIRLEY	50,527
LANGGAM, LOU	72,212
LANKTREE, CARRIE	64,560
LANSDELL, LANA	51,081
LAROSE, MICHELLE	62,383
LARSEN JAMES, NANCY	89,393
LARSON, JODY	70,820
LARSON, SHEILA	116,211
LAURENT, DEBRA	54,839
LAWRENCE, LEANNE	74,571
LEBERSBACK, MELISSA	68,123
LEBLANC, COURTNEY	96,644
LEBLANC, LEANNE	56,316
LEE, COLLEEN	94,758
LEE, JENNIFER	77,676
LEE, MICHAEL	111,900
LENFERNA, ALAIN	222,119
LESY, JENNA	71,673
LESY, VAUNE	74,193
LITTLECHIEF, TARA	73,203
LITTLEMORE, JILL	66,722
LOCKE, KENDALL	70,566
LODEN, CATHERINE	50,675
LONGLEY, YVETTE	53,356
LOUCKS, JILLIAN	76,998
LOWE, JILL	68,686
LUECK, SHELLEY	65,212
LUSCOMBE, MICHELLE	94,888
LY, LILLIAN	63,455
MACK, CRYSTAL	73,532
MACNEILL, JULIE	53,203
MACPHEE, ALLAN	93,979
MALIN, KATHLEEN	63,123
MALLORY, JOSEPHINE	87,207
MANNS, DANIEL	71,374
MANTEI, LANA	104,979
MARCOTTE, JANE	53,110
MARCOTTE, VANESSA	118,092
MARKWART, REBECCA	59,392
MARSHAK, ESTHER	80,396
MARSHALL, GWENDA	99,446
MARSHALL, PAULINE	51,454
MARTENS, LAWRENCE	112,081
MATSALLA, DONNA	79,179
MATTE, JESSICA	93,247
MATTHEWS, ERICA	72,618
MATTHEWSON, MARTINA	61,873
MAY, PATRICIA	99,525
MC GONIGLE, DONNA	61,288
MCARTHUR, JUANITA	53,430
MCCALLUM, TRENT	79,178
MCCANNELL, MEGAN	75,435
MCCLARTY, LEILA	117,284
MCFADDEN, KATHY	93,520
MCKAY, MONA	80,471
MCKEE, CHRISTOPH	103,421
MCLEOD, IRENE	95,776
MCPHERSON, CAROLYNN	55,406
MEGENBIR, CAMILLE	59,102
MEGENBIR, JOHN	82,029
MEYER, MITCHELL	80,355
MILLEKER, NATASHA	71,741
MILLER, JOAN	103,706
MILLER, TROY	79,012
MILLER, WANDA	104,840
MILLER HERTES, SHELLEY	104,840
MILLIGAN, CONNIE	58,631
MILTON, JULIE	104,688
MITCHELL, KRISTEN	65,088
MITTEN, MICHELE	101,859
MOHR, SUSAN	82,050
MOON, AMANDA	88,852
MOORE, DONNA	56,183
MORRIS, ALISON	75,090
MORROW, CARL	50,125
MOSER, TRINA	54,958
MULHALL, SHARON	94,539
MURRAY, JOHN	76,408
MURRAY, LARISA	62,855
NANKIVELL, CARRIE	66,699
NAULT, BETTY	68,009
NEISZ, BERNICE	65,667
NEUBERGER, CORTNEY	59,206
NEWTON, JOSIE	60,327
NICHOLSON, NOLA	67,441
NICOL, SARAH	71,924
NIMEGEERS, DEANNA	81,487
OBST, DEBORAH	104,838
OCHITWA, KAREN	105,014
OGDEN, REANNE	74,708
OLFERT, LARRY	81,861
OLSON, BRENT	66,829
OLSON, DENISE	66,733
OLSON, LINDA	53,967
OLSON, WENDY	102,437
ONSTAD, DELINDA	84,433
OXELGREN, SONIA	105,943
PADOL, AMELNAH	85,930
PANTELUK, LORI	92,692
PARADIS, PAULINE	52,974
PATERSON, MARNY	67,322
PAULSON, C GRANT	88,862
PEDERSEN, ANDREW	98,145
PENNEY, KIMBERLY	79,929

PERRAS, JOELLE	63,079
PETERSEN, LEAH	89,376
PETERSON, CAROLYN	78,080
PETO, ALISHA	51,133
PETZEL, LORNA	80,098
PHILLIPS, AUTUMN	80,209
PHILLIPS, ZACHARY	87,643
PICK, PAMELA	100,355
PIERCE COLBOW, DEANNA	98,058
PIERSON, KELLY	84,307
PINGERT, RHONDA	51,060
PLESSIS, ROSE	93,032
PORTER, LYNETTE	66,150
POSPISIL, NONA	91,149
PRAGNELL, JESSICA	89,619
PRYZNYK, SHAWN	90,361
PULFER, NANCY	77,847
PURVIS, DIANA	105,495
QUIN, FE	51,637
QUINTIN, PAMELLA	65,181
QUITIONG, ELMAR	69,550
RAIWET, TANIA	89,671
RAJOTTE, TERRI	111,721
RAPITTA, CARMEN	85,009
RESTAU, FLORIE	69,615
RING, KRISTEN	81,599
RIPPLINGER, SHELLY	60,822
ROBINSON, BRADLEY	79,146
ROCHAT, MARK	82,050
ROCHE, EILEEN	50,594
RODENBUSH, DALE	115,854
RODINE, NIKI	83,487
ROGERS, JOEL	86,813
RONQUILLO, YVONNE	116,644
ROR, LINDA	104,840
ROSS, LINDA	50,987
ROTHWELL, TRACEY	77,663
ROWE, EVELYN	94,518
ROY, JASON	86,056
ROY, RICHARD	60,253
RUDY, MICHELLE	70,413
RUSSELL, SUSAN	56,183
RUTTEN, WHITNEY	85,729
SADANA, REBECCA	63,627
SALMERS, MARLENE	78,065
SANGSTER, JANIS	52,972
SANGSTER, RHONDA	90,998
SANGUIN, CARMEN	59,208
SAUNDERS, LESLIE	94,241
SAWIN, LORNA	100,002
SCHAFFER, MARY ANNE	72,717
SCHARNATTA, COLLEEN	75,067
SCHINDEL, KIMBERLY	82,538
SCHINDEL, SHARON	94,606
SCHMIDT, DEBBIE	77,842
SCHMIDT, JASON	80,416
SCHMIDT, LAURIE	73,854
SCHMIDT, LENNA	72,983
SCHMIDT, STEPHANIE	86,181
SCHNELL, CARRIE	52,089
SCHULTZ, DUANE	65,506
SCHULTZ, LORRIE	88,244
SCOTT, REBECCA	64,214
SELLERS, BETTY	54,500
SETRUM, CHARMAINE	51,645
SHAVER, NORMA	99,872
SHAW, GAIL	53,770
SHAY, DEBBIE	97,411
SHELSTAD, CAROL	87,026
SHEPPARD, DEBBIE	66,363
SIM, TWYLA	89,561
SJARE, MIKE	91,064
SJOSTRAND, JANICE	102,547
SMITH, SHERRI	57,182
SOVDI, COLLEEN	73,145
SOVDI, JUDITH	93,756
SPEERS, LAURENDA	82,049
SPENCER JOHNSON, SANDY	59,451
SPRECKEN, JASON	60,278
STAMM, CHARLOTTE	50,065
STEELE, KATHLEEN	63,808
STEIN, BRENDA	95,380
STEININGER, LIVIA	64,806
STEININGER, TERRY	104,840
STEPHANSON STEWART, SHAWNA	50,019
STEPHANY, GENE	77,228
STEWART, SHEENA	55,916
STOLZ, CELINE	93,935
STRELIEFF, HELEN	54,402
STRUBLE, ANNAMARIE	82,562
STUBEL, MONIKA	66,909
STYLES, NANCY	54,627
SUGDEN, MAXINE	51,118
SWERTZ, STELLA	64,555
SWIRE, CRYSTAL	56,512
SYMONS, NATASHA	57,770
SZAKACS, SHEILA	72,366
TAN, JULIUS	93,946
TAYLOR, KERI	60,799
TEDFORD, GARRY	76,761
TESTER, CHRISTINE	93,361
THERA, SHIRLEY	72,514
THIESSEN, MARY	52,318
THOMPSON, DEBORAH	90,449
THOMPSON, GARRY	91,064
THOMPSON, LAURA	75,423
THOMSON, SCOTT	104,845
THUEN, DEBORAH	97,288
TOMILIN, LEIGH	61,465
TOURAND, DENISE	67,327
TRAIL, TRACI	57,899
TREBLE, MELVINA	51,181
TRELEAVEN, CAROL LEE	52,440
TREMBLAY, LARAINE	67,730
TULLOCH, LORI JEAN	103,683
ULMER, KIM	63,736
ULMER, THERESA	71,731
UY, ENGILBERT	76,602
VALENTINE, DIANNA	54,251
VALENTINE, TERESA	51,344
VAN DER BREGGEN, GEORGE	81,714
VEROBA, SARAH	98,351
VIERGUTZ, SUSAN	91,242
WAGNER, JANICE	76,418
WALBAUM, DIANE	50,230
WALL, RHONDA	94,379
WARD, COREEN	103,731
WARNER JOHANSON, SHEILA	71,051
WAROMA, KRISTIN	71,569
WARREN, NANCY	67,027
WATCHMAN, TAMMY	61,318
WATLING, JOSEPHINE	76,725
WATSON, ANDREA	75,156
WATSON, FELECIA	91,639
WATSON, HEIDI	64,301
WATSON, ROD	84,498
WEBB, BEVERLEY	94,758
WEED, BRITTNEY	52,864
WESTERHAUG, STACEY	53,628

Personal Services - continued

WHEELER, SHIRLEY	91,064
WHITE, REBECCA	77,345
WHYTE, DERRICK	103,798
WICK, VANESSA	64,591
WILSON, LINDA	104,771
WILSON, TANNIS	89,690
WILTON, KELLY	68,740
WING, GRAHAM	51,567
WOCK, SHAUNA	77,863
WOLFE, KINLEY	59,320
WOOD, LAURA	99,895
WRIGHT, BARBARA	70,556
WRIGHT, BERNADETT	104,155
YOUNG, CHENOA	90,045
ZABOLOTNEY, KIM	55,446
ZAMBORY, TRACY	131,994
ZELIONKA, TIFFANY	54,068
ZENKAWICH, STEVEN	81,378
ZIMMERMAN, SHIRLEY	74,661
ZIMMERMAN, TANYA	60,140
ZYLA, JILL	69,291

Transfers

Listed by program are transfers to recipients who received $50,000 or more.

Borderline Housing Co. Inc.	1,701,666
Canadian Mental Health Association	127,754
Fillmore Ambulance	73,260
Radville Marian Health Centre	3,374,432
SMILE Services Inc.	65,146
St. Joseph's Hospital	16,538,847
Supreme Ambulance (Carlyle)	397,755
Weyburn Group Home Society Inc.	291,029

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

Access Communications	76,290
All-Pro Environmental Contracting	177,198
Alltech Electric Inc.	112,931
Amadasun, Dr. Eghosa	94,820
Beckman Coulter Canada Inc.	115,335
Bersch & Associates Ltd.	116,006
Bofoya, Dr. Boyale	271,376
Business Furnishings	65,292
C J Meyer Medical P.C., Inc.	457,123
Cardinal Health Canada Inc.	366,391
Charis Medical	62,507
City of Weyburn	127,894
CPDN	74,688
Cummins Western Canada	63,827
Dr. Farzana Timol Medical Professional Corporation	158,710
Dr. G. B. Suberu Medical	439,313
Dr. Theo N. Brown Medical Professional Corporation	226,609
eHealth Saskatchewan	74,807
Ejeckam, Dr. Adanna C.	88,903
Ekladious, Dr. Sameh	85,569
Erhaze, Dr. Sylvester	378,722
Estevan Primary Medical Centre	144,023
Fong, Dr. Philip	248,462
Freydoonnejad, Dr. Aliakbar	361,548
Ghaly, Dr. Fady	90,447
Grand & Toy Office Products	110,600
Hill-Rom Canada Ltd.	140,624
Hiroc Insurance Services Ltd.	159,801
Horri, Dr. Mehdi	85,278
Hospira Healthcare Corporation	139,349
Hudson, Dr. Shauna	192,828
IBM Canada Ltd.	1,924,733
Insight Canada Inc.	207,239
Jackson Lekota Medical Professional Corporation	189,033
Johnson & Johnson Medical Products	273,537
Kairos Medical Professional Corporation	465,642
Kreate Architecture & Design Ltd.	60,338
Langeni, Dr. Msikazi	277,254
Ledcor Construction Ltd.	6,886,481
Logibec Inc.	55,200
MacPherson Leslie & Tyerman	87,694
Makiwane, Dr. Unati	350,067
Marsh Canada Ltd.	396,850
McKesson Canada	101,904
McKesson Distribution Partners	74,449
MHPM Project Managers Inc.	338,065
Minister of Finance	954,076
Narouz, Dr. Lilian	82,585
Oberholzer & N.W. Helms, Dr.'s	55,291
Olympus Canada Inc.	64,395
Oneworld Accuracy Inc.	64,840
Osondu, Dr. Chinwe	149,146
Ovueni, Dr. Michael Efe	289,141
Phillips Healthcare	123,248
Pratt's Wholesale Sask Ltd.	101,291
Radiology Associates of Regina	410,362
Regina Qu'Appelle Health Region	221,537
Saputo Dairy Products Canada	127,107
Saskatchewan Power Corporation	1,205,650
Saskatchewan Telecommunications	402,001
SaskEnergy Incorporated	583,897
Schaan Healthcare Products	691,956
Sheikh, Dr. K.	85,078
Siemens Healthcare Diagnostics Ltd.	137,298
St. Joseph's Hospital	1,611,867
Soko, Dr. Phinda	196,953
Stantec	414,056
Stevens Company Ltd.	94,141
Stewart, Dr. Boyd	77,202
Stryker	64,572
Suncor Energy Products Partnership	79,234
Sysco Food Services West Inc.	981,066
Telsec Property Corporation	443,789
The Border-line Housing Company (1975) Ltd	326,786
T.L. Penner Construction Inc.	3,582,205
Town of Carlyle	61,565
Tyco Healthcare Canada Inc.	68,442
VanMar Constructors 1055 Inc.	10,181,123
Vipond Fire Protection Inc.	260,408
Vitalaire Healthcare	56,607
WBM Office Systems Ltd.	67,281
Wood Wyant Canada Inc.	130,678
Yekinni, Dr. Idris	71,326

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employees Employment Strategy Committee	98,706
Canadian Union of Public Employees Local 5999	857,542

Golden Opportunities Fund	191,973
Great West Life Assurance Company	510,253
Health Sciences Association of Saskatchewan	124,950
London Life	77,903
Public Employees Pension Plan	172,671
Receiver General for Canada	21,959,619
Sask Works Venture Fund Inc.	213,010
Saskatchewan Association of Health Organizations	5,712,583
Saskatchewan Healthcare Employees Pension Plan	10,905,459
Saskatchewan Registered Nurses' Association	127,714
Saskatchewan Union of Nurses	355,103
Saskatchewan Workers' Compensation Board	672,305